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ABSTRACT

This packet contains an instructor's guide and student materials for a competency-based course on assisting with patient nutritional needs for practical nursing students in Florida. The program is designed to teach students to help feed patients, to assess their nutritional needs, and to monitor their intake of food and fluids. The instructor's guide contains information to help the instructor present the course, including introducing the unit to the students, enrichment, student assessment, and choosing optional methods (A or B) of presenting the course. The instructor's guide also contains a glossary, a bibliography, and appendixes which explain how to make materials called for in the course activities, along with blank forms. The student materials are contained in two separate optional formats. Both present the same competency to be developed, using the same introduction, objectives, pretest, posttest, final exam, and performance checklists. Student instructions, resources, and learning activities are presented differently. One option is designed for programs still using the more conventional lecture method of instruction. This option, Option A, presents a step toward individualizing instruction. The second option, Option B, is designed to allow programs already involved and also those anticipating involvement in individualized instruction to move toward maximum individualization of their curriculum. (KC)

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# Assisting with Nutritional Needs

# Instructor's Guide

CE 031 151

State of Florida, Department of Education
Ralph D. Turlington, Commissioner of Education
Tallahassee, Florida

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Division of Vocational Education

December, 1978

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# Assisting with Nutritional Needs

# Instructor's Guide

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## INTRODUCTION

To help provide competency-based materials for practical nursing programs, the state Division of Vocational Education contracted the Broward County School Board to identify and prioritize needs for competency-based instructional materials and to review existing materials and make recommendations about the acquisition, adaptation, and development of materials to fill the needs.

Through this project, all 36 practical nursing programs were surveyed to enable all instructors actively involved in teaching practical nursing to identify their needs in regard to instructional materials. The results of this survey were evaluated by an advisory committee also made up of practical nursing instructors, who then assisted in prioritizing the needs expressed. The two greatest needs indicated were for self-instructional modules and criterion-referenced tests.

A search was then made for existing materials. Those materials were reviewed for adequacy in meeting the needs. However, it was determined that they would not meet the needs.

As a result, the advisory committee concluded that a sample self-instructional module should be developed to include the desirable characteristics necessary to deliver competency-based vocational education in Florida. Characteristics of this module would include: an introduction; objectives; learning activities that would provide practice and feedback; the use of appropriate resources; and forms of criterion-referenced testing, including a pretest, posttest, final written exam, and performance checklists.

In an effort to assist all schools in the state in the transition to more individualized student instructional materials, the sample unit has two separate options. Both present the same competency to be developed, using the same Introduction, Objectives, Pretest, Posttest, Final Exam, and Performance Checklists. Student Instructions, Resources, and Learning Activities are presented differently.

One option is designed for programs still using the more conventional lecture method of instruction. This option, Option A, presents a step toward individualizing instruction.

The second option, Option B, is designed to allow programs already involved and also those anticipating involvement in individualized instruction to move toward maximal individualization of their curriculum.

The size of the *Instructor's Guide* should not be interpreted as the amount of information necessary for one unit of study. The bulk of information presented explains the characteristics of the instruction. Once oriented to concepts of competency-based individualized instruction, instructors need only small quantities of information to assist them in managing each unit of instruction.

Instructors should read through the entire contents of the *Instructor's Guide* and review both options before making a decision on which option to use. The section on "Choosing Option A or B" should lend some aid in making the decision.

## WHAT SHOULD THE INSTRUCTOR DO?

Before you use this instructional unit, there are certain things you should do.

1. Read through the *Instructor's Guide* and both options to become familiar with the contents.
2. Decide which instructional option you will use (see Choosing Option A or B).
3. Go through the option as though you were the student, working all Learning Activities (covering both options may help you decide which one you'll use). Be certain to tally the amount of time you spend on each Learning Activity. This will give you some indication of the time limit you should impose on the students.

   In assigning a time limit, consider that a student will need more time to complete all the activities than you would. Also consider that not all students will need to work all the activities.
4. Check all Resources. A form has been provided for you to make the necessary changes (see List of Outside Resources Needed).
5. Make any changes you feel you need to in the Objectives, Learning Activities, test items, etc. Bear in mind that Objectives, Learning Activities, and test items must correlate.
6. After you have made all the necessary changes in the instructional unit, make a copy for each student.
7. If you are using Option A, give the Pretest to the entire class well in advance to allow enough time for planning.
8. Complete the classroom management plan before starting the unit. All students need a complete schedule of planned activities. Option B will require a real team spirit on the part of the instructors.
9. Acquaint the students with all concepts and instructional characteristics of the unit that are unfamiliar to them. These items would ordinarily be included in the general orientation to the program.
10. Work the unit in with other courses. Six hours of the day spent on one instructional unit is too long. Allow the students to progress gradually from orientation to working the Learning Activities and finally to the self-check and review.

## INFORMATION ABOUT THE OBJECTIVES

This sample student instructional unit demonstrates how the *Licensed Practical Nurse V-TECS Catalog** of performance objectives can be used as the first step in writing a competency-based curriculum. The catalog contains the most current and accurate guide for tasks necessary for success on the job, as well as the criterion-referenced measure and performance guide for each.

The competency for this instructional unit was purposely chosen to demonstrate how more than one V-TECS objective can be used to develop a single competency. However, a competency can be written for each performance objective if desired.

Review the Objectives on pages A4 or B4. Look at the statement, "The purpose of the unit is to...." This is the general performance unit-level objective—the competency or statement of behavior or major task that the student will develop under specific conditions according to a specific standard.

The competency in Options A and B includes three V-TECS catalog performance objectives. They are:

| Number | Objective (Task) |
|---|---|
| 19 | Feed an Adult or Child Patient |
| 104 | Serve a Food Tray |
| 139 | Measure and Record Intake and Output |

Now look at the section that begins, "After completing the unit, you will be able to...." These are the lesson objectives, which, when met, will enable the student to develop the competency. They identify the knowledge and/or skills the student must know or do to accomplish the unit goal. Each one identifies a specific thing that the student must know or be able to do. These objectives are very important! They are the basis of competency-based instructional materials.

The objectives in this unit of instruction are sequenced from the simple to the more complex. Small amounts of knowledge are eventually enmeshed into the larger psychomotor (tasks) domain.

All of the specific objectives were formulated as a result of the unit competency. In other words, the cognitive, affective, and psychomotor objectives include only what the student must know to achieve the competency. Nice-to-know cognitive materials, such as the basic four food groups and essential nutrients, are not necessary to the tasks in this competency and can be included in other units of instruction.

Bear in mind that this unit was written to accommodate a transition to open-entry, open-exit curricula. The only prerequisites are:

Handwashing
Body Mechanics
Positioning the Patient
Communication—Verbal and Nonverbal

This was done to allow the unit to be placed in a primary position in the curriculum.

This unit is not meant to be a nutrition course; rather it can be part of a course in nursing fundamentals. In designing this unit, the intent was to teach assisting with elimination and output in a later unit. Therefore, it is not a prerequisite, and the enabling objectives include only what should be learned about intake. If your curriculum places the competencies in this unit in a primary section, you might want to use the approach used

*DELTA Project, Division of Vocational Education and Community Colleges, Alabama State Department of Education, *Licensed Practical Nurse V-TECS Catalog*, Career Education Center, Florida State University, Tallahassee, 1978.

here. However, if you place these competencies later in the program, you might add other prerequisites and alter the objectives to include additional tasks.

You will also notice that charting is not listed as a prerequisite to this unit, on the premise that the competency of assisting with nutritional needs may or may not include charting by all health workers, but it surely requires reporting nutritional observations. Again, this was done to accommodate primary placement.

As you review the objectives, you will see that the first 10 are knowledge (must know) objectives. These are necessary for the learner to be able to demonstrate the last three skill (must do) objectives. All 13 are necessary to meet the unit objective.

Seventy-five percent on a written test is the standard to provide evidence that necessary learning in terms of knowledge (must know) objectives has taken place. The standard for skill objective performance is a satisfactory rating on all sections of the performance checklist, as is stated in the objective.

As you progress through this unit of instruction, you should be aware that the language of the Learning Activities and test items is closely correlated with that of the objectives. If the verb in the objective is "identify," then the action in both the Learning Activity and the assessment item should be "identify." The verb (what the learner will be doing) is very important, as it determines not only the Learning Activities but also the evaluation process.

Objective 1 includes three actions. Only the first action, define, can be easily evaluated in a written test. The latter two actions, spell and pronounce, are included in the performance checklist in the reporting and recording section in order to eliminate time-consuming and cumbersome assessment procedures in some programs. However, spelling and pronunciation assessment could also be accomplished by means of taped or other oral tests. Lists of terms and abbreviations are found in the first two Learning Activities of the unit in both Option A and Option B.

## CHOOSING OPTION A OR B

Individualized instruction really is not new to any of us in health occupations education. We have all been involved in it to some degree for years. We have long recognized that some students have more ability than others, that each demonstrates a different degree of motivation, and that different methods of learning are favored by different students. What we may have been less involved in is recognizing each student's abilities on entry into our programs and giving credit for this knowledge. Also, we often measure success in programs by the length of time the student has spent in our classroom, and, of course, this does not indicate success or readiness to enter the health occupations field of work.

Even though it is the student who desires to learn and to become a safe beginning practitioner, his/her progress has not always been as clear to him/her as it has been to the instructor. In each of the options, an attempt has been made to develop considerations for the learners' participation in the learning experience; to assist them in reaching their goals more readily; and to give them some idea of progress.

Option A was developed with the more traditional structured classroom in mind. This unit works toward individualization by allowing the student as much active participation in the learning process as possible in a structured setting. However, it relies heavily on the guidance and direction of the instructor.

Option B is an individualized instructional unit designed to allow the student a personalized, self-paced learning process; the student is allowed maximum control of the learning situation. The instructor takes on a different guidance role, acting as the tutor, counselor, diagnostician, and/or prescription writer.

Both options make an effort to alter the instructor's image from "dispenser of knowledge" to the more important, effective, and rewarding role of "manager of the learning process." Individualization demands that the instructor spend less time providing all the information and more time getting to know the students and their needs. Instructors then assist their students in the learning process.

Some factors that you must consider in the choice of an option include: the number of instructors for each class; whether or not you team-teach; the number of students in your classes; the resources available; the physical setup of your laboratory facility; and the size of classrooms and clinical experience facilities. You will probably think of more as you progress through the *Guide* and instructional options.

The choice of option must be the decision of the faculty, since many factors enter into this judgment and the instructors must be supportive for it to work. Some teachers may wish to make both options available to a class. The intent here is not to discourage this strategy. On the contrary, the approach allows the student to decide which route s(he) wishes to take, thereby providing even more individualization. However, for individualized-instructional setups more than one instructor will be necessary, as well as adequate laboratory facilities. At any one time setups could include a class activity for Option A students, a clinical experience for some Option B students, and laboratory practice for either group. This situation exemplifies the importance of planning in individualized instruction.

Having both options available to a class also provides a ready alternate route of learning if the student does not master the skills. The instructor can also use a combination of both options for recycling.

### LEARNING ACTIVITIES

First of all, Learning Activities are written for the student and so also to the student. These are presented in simple format. Clearly stated directions minimize the use of the instructor and maximize students' learning time.

The activities in both options have been developed in correlation with the unit objectives. Since activities are vehicles for learning, an attempt has been made to design

activities that will hold the students' attention, provide learning guidance and feedback, recall relevant learning, give an opportunity to perform, and assess the students' progress. An effort was made to provide activities for students with different interests. The activities can include listening, saying, seeing, and/or touching and can be done either alone, with a partner, or with the entire class.

Types of activities used in these options are certainly not meant to be the all-inclusive list. There exists any variety that can be used. It is important, however, that only activities essential to learning be used. A wide variety were developed for these options; each demands student participation.

It is not intended that every student do every activity. But, the decision to do or not do activities should be a joint decision of the student and the instructor, based on characteristics of the task being learned, what the student already knows (evidenced by pretest), and how the student learns. One may learn from printed materials while others may best learn by doing and seeing. However, even the person who doesn't care for printed materials must read printed materials to be a nurse. Student instructions tell the student to confer with the instructor to plan learning activities, and to complete all assigned activities before attempting the posttest. It is most important that students believe the directions for completing these; being unsuccessful on the final exam due to inappropriate or insufficient preparation is undesirable.

A required individual conference to review the activities with the instructor might be helpful prior to the student taking the Posttest. These conferences might be helpful to the instructor in revealing better guidelines for recognizing previously gained information and to improve the assessment process.

Logical checkpoints have been provided throughout the options to assist the student in measuring his/her progress. There is a feedback area in both options with answers to some learning activities. In other activities, the student is directed to his/her resource areas for answers. This is part of a constant effort to teach nurses to use resources and to build students' self-esteem by assisting them to gain independence. It is especially important to the effectiveness of Option B to promote a feeling of achievement and success for that student who is working alone.

Reading and writing activities can become boring if too lengthy or too numerous, presenting a problem in retaining student interest. Therefore, most reading and audiovisual activities in this learning packet offer new information needed for the "doing" activities so that the student's interest can be maintained. Practice activities that the student can do are motivational, assuring the student that there is an intended learning process.

Students need a knowledge of results. If the student is unsuccessful with practice activities, s(he) is alerted to review the basic information resources for the foundation knowledge necessary to be successful in practice.

Roleplays, discussions, projects, and field trips are especially helpful in integrating effective skills into the total domain. Instructors are encouraged to use "life experience" learning strategies in nursing, where human relations and communication skills are so vital.

Instructor demonstrations are included in the plans of instruction of both options. It is felt that the old adage "a picture is worth a thousand words" is true and certainly supports effective audiovisuals. However, the best slides, filmstrips, or films will never replace the in-the-classroom simulation of real situations, with human interaction. Demonstrations are motivational and inspiring to students. Students can ask the instructors questions—they can't ask the films questions.

It is understood that each student is responsible for his/her own learning. However, students should be allowed to work together and help one another with Learning Activities, if this is helpful to them.

A review of Learning Activities in both options will reveal the differences that are compared here.

**Pretests.** These differ only in the way that they are used.

Option A

The complete class takes the Pretest well in advance of scheduled classes for this unit. The test is evaluated by the instructor to plan instruction for the total class with minimal considerations in planning for individuals. By giving the test well in advance, the instructor can determine necessary learning activities, plan laboratory scheduling, arrange for access to resources and suitable clinical experiences, and other things necessary to a well-organized learning experience.

The Pretest for this option begins on p. 22 of this booklet.

Option B

Student instructions tell the students to take the test after reviewing the Objectives, if s(he) feels s(he) knows the information (and only if s(he) wishes to). Students with previous health occupation education and/or experience should be encouraged to participate since they have everything to gain and nothing to lose.

This test is evaluated by the instructor and the student during an individual conference where both outline activities to be completed based on the student's needs. The student's strengths and weaknesses should be considered in designing the plan of action—challenging out (opting to take the pretest to determine success and needs) or deciding to complete the unit.

The Pretest for this option is provided in the student materials.

**Terms and abbreviations.** Lists are identical in both units (L.A.s 1 and 2). Only the introduction differs; the way they are learned is basically the same.

Option A

The instructor pronounces both lists with students at the time of the general introduction to the unit.

The Prontape (pronunciation tape) for L.A. 3 (optional resource and activity) is obtained from the instructor, if the student wishes to use it for further practice and feedback.

The Abbreviations Bingo and the crossword puzzle are included in this unit only as optional activities. These may or may not be used in the instruction.

Option B

Student instructions are more informative; there is a recall of previous learning to motivate and help orientate the student to activities. The student works independently.

The student gets the Prontape for L.A.s 3 and 4 to hear the correct pronunciations and to practice spelling only if s(he) desires.

The Abbreviations Bingo game (L.A. 5) and a crossword puzzle (L.A. 6) are included in the learning booklet as optional activities.

You might want your students to keep a list of words they don't understand as they study the units to determine if other words or abbreviations should be added to this unit. You might even want to eliminate some of those already on the list.

**Introduction of skills.** Both instructional units present the same new skills to be learned; only the method for learning the information is different.

Option A

The students prepare to learn how to feed the patient by completing the reading assignment before a scheduled lecture given by the instructor (L.A. 9). At that time, a filmstrip on the

Option B

The student who uses this option discovers the skill of feeding the patient more independently than the student using Option A. S(he) will complete the appropriate readings for L.A.

procedure is shown followed by an instructor demonstration (L.A. 10). Students should follow the demonstration, using the appropriate Performance Checklist. Students then practice the procedure with a partner immediately following the demonstration while it is fresh in their minds (L.A. 11). Thus, it might be more effective to plan this activity well in advance to incorporate the meal hour of that day. Students can feed each other their meal or a portion of it. A discussion might follow the roleplay to analyze the feelings, attitudes, and problems encountered.

Later, students will be responsible for roleplaying feeding situations (L.A. 12) where certain factors modify the procedure. The instructor will need to provide proper guidance in this activity to be certain students carry out the situations properly to benefit the entire class. Each roleplay includes a patient situation that might be threatening to the new student without thorough orientation gained through roleplaying.

Students are responsible to continue practice until they can do the procedure satisfactorily.

11, as well as the AVT slidetape program *Assisting with Eating*, for L.A. 12. The student is then encouraged to also view the filmstrip, if necessary, and repeat any areas as desired (L.A. 13). The instructor gives a demonstration (L.A. 14), which the student is encouraged to attend. For this learning activity, the student has been directed to bring the appropriate Performance Checklist. S(he) should follow the demonstration step by step. The student is also directed to clarify or have clarified any and all points at this time before beginning practice.

Practice is done at the student's convenience although s(he) is encouraged to do so directly after the demonstration. The instructor might try the positive approach by scheduling the demonstration just before a mealtime and have students "brown bag it" that day. This would ensure immediate practice under supervision. Each student would choose a partner to feed and be fed lunch.

Although this unit does not specifically include roleplaying patient situations, the same information will be covered in the instructor demonstration. It is intended that this instructor would cover the same modifications in the planned demonstration and encourage students to roleplay some of these situations.

The student is instructed to continue practice until able to complete the procedure satisfactorily and is also reminded that at times they can practice at home.

**Diet manuals and common hospital diets.** Both units approach learning how to use a diet manual and what the common hospital diets are, differently.

Option A

The students participate in a group discussion (L.A. 13). The instructor stresses the importance of the student being prepared to participate when introducing this unit of instruction. Each student signs up for one of the five areas to be covered. Students should be encouraged to sign up for areas that they are uncertain of rather than those they know well. This helps them learn. A sample sign-up sheet is included in this Guide (see Appendix F).

The instructor guides the group in reporting by questioning, commenting and encouraging student involvement to bring out impor-

Option B

The student completes his/her work on diets independently through readings, completing a hospital diet chart in L.A. 16 and answering questions in L.A. 17.

Students learn how to use the diet manual by working with it in listing its contents and using it to solve problems (L.A. 20 and 21).

tant information. After the discussion reports, students have practice activities to utilize the information (L.A. 14, 15, 16, and 18).

**The Personal Food and Liquid Intake Record.** This worksheet is used in both options. However, the use of these forms differs.

Option A

The students use the worksheet for L.A. 21. They complete only a portion of the form and are told to bring it to the workshop. The intended experience is to divide students into small groups (3 or 4 per group) to review foods and liquids recorded. Then as a group, they help one another classify each food properly as a review of hospital diets, and calculate their own oral fluid intake. The instructor circulates through the groups assisting as necessary. This activity must follow the group discussion on common hospital diets in L.A. 13.

Option B

The student works the entire form independently (L.A. 18) and checks the accuracy of entries with test readings and the diet manual.

**Oral fluid intake.** A variety of practice activities for students in each instructional unit.

Option A

A workshop is planned to introduce students to the new concepts and to provide some beginning practice activities.

Two filmstrips are shown with application of information exercises following each.

The filmstrip, *Household Measurement*, (L.A. 22) is followed by the class doing the Household Measurements Worksheet. If you have the Visutest, it can be used effectively instead of the worksheet. Students must receive feedback immediately (during the workshop), regardless of the method used. Since this is basic conversion information, it should be introduced, worked, and reviewed before introducing L.A. 26.

L.A. 26 requires the instructor to work with the class by providing some simple I & O situations for students to calculate after watching the filmstrip on intake and output. Three I & O records are included in the student instructional unit for this activity, and students' directions tell them the records will be needed at the workshop.

These students have the opportunity to work with the Hospital Container Measurement

Option B

The student explores the new concept by completing readings, audiovisuals, and working through practice activities independently.

S(he) completes the AVT slidetape program on intake and output and may also view the filmstrip.

L.A. 27 requires that the student view the filmstrip on household measurement. S(he) is told to take the Visutest following the filmstrip. However, if the program does not have a Visutest (doing exercises that utilize new information from the filmstrip), the Household Management Worksheet in this *Guide* may be appropriately used for this option as well as for Option A.

L.A. 28 includes the use of the Hospital Container Measurement Kit. See directions for

Kit, the same as Option B students. See directions for constructing kit (Appendix B). Only the approach in developing this activity is different. L.A. 29 includes this activity in the workshop activities. This activity can be attempted by groups of two or three students during the workshop.

These students use the table developed in the workshop to continue practice in doing L.A. 25 and 27 afterward, either during self-study time at school or as homework.

constructing kit (Appendix B). Students get the kit and go to the laboratory where they can utilize sink facilities and utensils to determine the capacity of each container in household measurement. They then practice converting these to the proper metric measurements for recording.

The activity allows the student to become acquainted with the new type cups, dishes, etc., in the comfort of their practice lab. This provides less confusion for their initial clinical experience of assisting with nutritional needs. They also discover how much the capacity of each differs and why it is important to know how to convert capacities.

In this activity, they develop a Hospital Container Capacity Table, which they then use to do more conversion problems on some given situations (L.A. 29 and L.A. 30). Instructions allow this student to accomplish the activity independently. This, however, does not preclude the possibility of partners or small groups doing the activity together.

**Posttest.** The last learning activity in both instructional units is the Posttest. (L.A. 30 in Option A and L.A. 34 in Option B). Directions to students include:

1. a reminder that all assigned learning activities should be complete before attempting the test
2. how the exam should be taken
3. where the answers can be checked
4. what should be done before the mastery evaluations if unsuccessful in meeting any objectives
5. encouragement to consult instructor for guidance

You may wish to change some Learning Activities if you use this unit. You are encouraged to use other strategies, if you desire. The only criteria is that they should correlate with your objectives and be purposeful activities.

## RESOURCES

Each option has its own Resource section. This is due to differences in the instructor roles, Learning Activities, and some audiovisuals.

### Instructor

The first resource listed in both options is the instructor. Note the difference in the roles, bearing in mind that Option A depends heavily on the instructor and Option B is more student-oriented.

Option A

1. Introduces the unit.
2. Gives a lecture.
3. Provides a demonstration.
4. Leads a group discussion.
5. Conducts a workshop.

Option B

1. Gives a demonstration.
2. Acts as a resource person (manages Learning Activities, assesses student progress, consults and advises, etc.).

The instructor using Option A will need to plan for effective learning experiences well in advance of instruction and adhere quite closely to a schedule. This encourages students to be well-prepared for certain activities that involve the class as a whole.

It is suggested that schedules be posted well in advance in the classrooms. Students should be made responsible for copying these for their own use.

This option necessitates that the instructor always be available in the learning area for: conferences; assistance to students in locating and using resources; instruction in the laboratory; evaluations; and the designing of learning strategies for each student as needed.

This plan requires more than one instructor for a class of students. All students will not progress at the same rate; that is, some may be ready for clinical experience while others still need to use the practice lab.

Although the Option A instructor has the longer list of activities, the Option B instructor will be busier due to the complexities of managing individualized instruction. Neither instructor is responsible for giving the learners information. The responsibility for learning has been given to the student.

**Audiovisuals**

The audiovisual resources for each unit are the same except for two AVT slidetape programs used in Option B. The difference exists only in the ways they are used.

Option A

The students who use this option know by the List of Outside Resources Needed that the filmstrips and prontape are to be used during the unit. Their Learning Activities state the specific times they will be used by the instructor. Usually the entire class is involved in viewing the filmstrips.

Students are independently responsible only to complete their readings to prepare for these audiovisuals.

The students get the prontape from the instructor if they need it for pronunciation practice.

Filmstrips are used at the time of the lecture and during a workshop to introduce concepts. These are followed by demonstrations and practice activities.

Option B

The students who use this option are learning at their own individual paces. All learners will not be ready for audiovisual resources at the same time; therefore, they are instructed to obtain the programs and equipment when ready, and to complete and return these to the proper place.

Students are encouraged to take their time and repeat areas as they feel it necessary. In the case of problems, they are encouraged to consult the instructor.

Students using this option were instructed in the procedure for obtaining and returning programs and equipment during orientation to the program. They also learned to operate the equipment necessary for programs they must use.

These students are able to get the prontape and cassette recorder, use as desired, and return according to procedure without checking with the instructor.

This option includes two additional self-instructional units. These units are slidetape presentations with a program for the student to complete while reviewing it. These were introduced here as an example of individualized learning programs now available. They are not essential. A student could complete this option without them. The filmstrip programs could also be used by a student and would include ample information to reach the unit goals.

Audiovisual Guides for each filmstrip are included in the student learning booklet. These are designed to assist the student in recognizing and remembering the important information to be gained in each instance. They are required to complete these while viewing the programs.

Rental and loan films can be requested well in advance to arrive in time for effective placement.

If filmstrips are used, the Audiovisual Guides must be completed by the student.

Students should not be assigned both filmstrip and cassette programs on the same subject unless reinforcement is desired.

Rental and loan films would probably not be practical for this unit, as students' readiness for these would vary.

**Readings**

Reading resources are identical for both Option A and Option B. Learning Activities tell the student when to read each selection.

The students are told what to disregard in all reading assignments, and the applicable pages for each resource are listed specifically. The intent was to be quite specific at first (you will recall this packet was designed with open-entry, open-exit in mind). It is done to prevent a waste of the students' time in looking for the proper readings.

Some faculties may feel this strategy leans too much toward spoon-feeding students. However, the strategy intended here was to list all chapters and pages in the early units of instruction. Subsequent packets would have only chapters listed. When students have become very familiar with using their references, only the names of the references would be given in resources. This strategy teaches the student how to use resources by a gradual transition without undesirable anxieties. With the thrust toward continuing education, the proper use of resources will be a skill well worth developing.

Wood and Rambo, *Nursing Skills for Allied Health Services*, was used intentionally in developing this unit because of its high correlation with the *Licensed Practical Nurse V-TECS Catalog*. As a matter-of-fact, the *Licensed Practical Nurse V-TECS Catalog* gives credit to this skill textbook as a source for standards. These volumes also have good performance guides and corresponding checklists.

However, other nursing skill textbooks that can be used successfully in this unit of instruction as performance guides and checklists have been included. The unit does not depend on any specific nursing skill book.

It is intended that instructors will obtain sample diet manuals from their local health facilities and have them available in the classroom as resources. Hospitals are usually willing to share a few copies.

**Worksheets**

Worksheets have been developed to assist the students in their learning activities. Most are included within the student booklets. They can be distributed by the instructor as needed. The reasons for including them are:

1. All necessary paper forms to complete the unit are in one neat packet.
2. Students may become familiar with their worksheets ahead of time.
3. Instructors save time, not having to compile all additional forms.
4. The student is less apt to lose them if they are incorporated in the unit.
5. Less space is needed for pass-out storage areas in classrooms.

In Option B, it is even more important that all worksheets be available to the students due to the variability in their readiness for these.

Performance Checklists are exactly the same in both Option A and Option B. These are included in each learning booklet to motivate the student. S(he) looks at the tasks to see what they will be doing right away. Later, they are always there for reference material during demonstrations, practicing skills, and peer evaluations. Also, the student can present the checklist to the instructor for evaluation, thus relieving the instructor of some custodial chores and at the same time increasing the student's sense of responsibility.

## LIST OF OUTSIDE RESOURCES NEEDED

**The following list indicates all outside resources that are referred to in this instructional unit. However, your program may use different resources, providing essentially the same information.**

**Before reproducing copies of the instructional unit for students, you should go through the unit yourself and change the references as necessary to correspond to the resources available to your students.**

| RESOURCES IN UNIT<br>**Readings** | SUBSTITUTE RESOURCES<br>**Readings** |
|---|---|
| **Culver, Vivian.** *Modern Bedside Nursing,* **8th ed. Philadelphia: W. B. Saunders, 1974, Chapter 25, p. 260; Chapter 26, pp. 262-264, 270; Chapter 32, p. 377; Appendix I, p. 728.** | |
| **Dictionary (Standard)** | |
| **Diet Manuals** | |
| **Kerschner, Velma.** *Nutrition and Diet Therapy for Practical Nurses,* **2nd ed. Philadelphia: F. A. Davis Co., 1976, Unit 1, pp. 3-5; Unit 13, pp. 131-135 (Table 11 will not be studied in this unit).** | |
| **Miller, Benjamin, and Keane, Claire.** *Encyclopedia and Dictionary of Medicine and Nursing,* **Philadelphia: W. B. Saunders, 1972.** | |
| **Price, Alice.** *A Handbook and Charting Manual for Student Nurses,* **5th ed. St. Louis: C. V. Mosby Co., 1971, Chapter IX, pp. 161-162, 191-192.** | |
| **Wood, Lucile A., and Rambo, Beverly J.** *Nursing Skills for Allied Health Services,* **2nd ed. Philadelphia: W. B. Saunders Co., 1977, Unit 16, pp. 332-337; Unit 17, pp. 346-358; Unit 18, pp. 368-370 (information on output and feeding children will not be studied in this unit).** | |

| RESOURCES IN UNIT<br>**Audiovisuals** | SUBSTITUTE RESOURCES<br>**Audiovisuals** |
|---|---|
| **AVT Slidetape Program: Option B**<br>**(1)** *Assisting with Eating*<br>**(2)** *Fluid Intake and Output* | |
| **Trainex Filmstrips:**<br>**(1)** *Feeding the Patient*<br>**(2)** *Intake and Output*<br>**(3)** *Household Measurements* | |
| **Prontape:**<br>**Assisting with Nutritional Needs** | |

| RESOURCES IN UNIT<br>**Worksheets** | SUBSTITUTE RESOURCES<br>**Worksheets** |
|---|---|
| **Personal Food and Liquid Intake Record**<br>**Audiovisual Guides:**<br>**(1)** *Feeding the Patient*<br>**(2)** *Intake and Output*<br>**(3)** *Household Measurements*<br>**Performance Checklists:**<br>**(1) Serve Tray, Feed Patient, Remove Tray**<br>**(2) Measure and Record Intake and Output**<br>**Intake and Output Records (Option A)**<br>**Crossword Puzzle (Option B)** | |

| RESOURCES IN UNIT<br>**Kits and Other Tools** | SUBSTITUTE RESOURCES<br>**Kits and Other Tools** |
|---|---|
| **Hospital Container Measurement Kit**<br>**Abbreviation Bingo (Option B)** | |

## INTRODUCING THE UNIT TO THE STUDENTS

### Option A

The instructor should introduce the unit to the entire class at one time, as the student instructions state. Bear in mind that this option requires a greater degree of guidance, and most activities will include detailed directions.

Any number of methods may be used. However, you must remember that the instructor is the student's role model; s(he) sets the stage and prepares the learner. This is your chance to create an atmosphere of care and concern for your students while motivating them to want to learn. You will develop the technique that is comfortable for you. Some suggestions are: display posters or pictures that stimulate interest; play an appropriate record to create curiosity; brainstorm students' concerns about the idea of being fed by a nurse; or briefly roleplay feeding a patient, using a student as the patient, and explore the experience through a short class discussion. Films are also sometimes used successfully to stimulate thoughts and promote enthusiasm. Instructor participation in these warm-up activities gains the trust of the group and creates a comforting informality.

It is important that students know what knowledges and skills they must have in order to attempt the unit. These are the prerequisites. This unit of instruction was designed to enable the student to complete this unit early in a curriculum or later on, if desired. Thus, only four prerequisites are listed.

It is also important that students know why they need to study and what they will be able to do if they achieve the objectives. New skills to be learned in this unit should be the main focal point, the reason to study. The Introduction is a written message meant to give the student an insight into why s(he) should study the unit.

The time allotment is only approximate, since more student-instructor validation of the unit is necessary for a definite recommendation. Based on field-test results, six to eight hours appears to be adequate for Option A classroom activities. Option A field-test students all took the Final Exam five school days after the unit was introduced.

Option B field-test students completed the unit in an average of eight days from the time of introduction to the Final Exam. The range was from seven to 11 days: 33 percent of the class took the exam at seven days, and 8 percent took it at eleven days. Remember that Option B students determined when they were ready for the exam, while the instructor determined the date for Option A students. The innovative characteristics of this module may well have caused a certain amount of anxiety in the field-test students. Option A students expressed a concern about the time limit, and some Option B students delayed the Final Exam unnecessarily as a result of the freedom they were allowed. Instructors might consider using student contracts to indicate the activities to be done and the planned dates of completion.

All students in the field-test were taking another subject along with this module, and all were expected to study outside class hours as necessary. All students were required to be present in the learning area six hours each school day.

There may be some concern about time spaces as exempt areas of instruction in light of the present State Board of Nursing's minimum hour requirements as well as the state funding formula for vocational education. However, instructors should be aware that the Board of Nursing's requirement does not state any required classroom hours, only the required content areas of instruction. It does stipulate the minimum total hours required in the program and the minimum clinical hours. Many programs presently exempt time and areas of instruction by giving students advanced standing for previous nursing education.

It is true that individualized instruction will only result when the student can progress at his/her own pace. However, moving toward competency-based education through individualized study does not mean absolute freedom for the student. We are preparing people for a world of work, where attendance is required on the job; dependability develops within our programs. Also, completion of one competency always leads to another and another, until the student graduates. Lack of attendance only causes a delay in progress.

For the present, student directions in Option A state that the instructor will issue time directions. Option B requests that the student work within the time limits set by the instructor.

The Student Instructions remind the students that the instructor is heavily involved in guiding Learning Activities and that s(he) is a partner in reaching the goals. Partner is not meant in the colloquial sense (as a pal, sidekick, or buddy); rather it means a co-worker or associate. A certain distance allows the instructor objectivity in assisting students. The instructions also briefly project the route the students will take to complete the unit from the Pretest to the Mastery Evaluations.

In Option A, the instructor reinforces this information by presenting the class schedule, posting the Sign-up Sheet, and verbally confirming all activities with the entire class. In using this instructional unit the instructor would have to orientate students to all of the resources, and explain the use of the following:

*Sign-up sheets*—This form, posted by the instructor when introducing the unit, projects the planned activity as well as the date and time (see Appendix G for sample sign-up sheet). All students are expected to sign up for the activity, but each may choose the part or area of involvement.

*Class schedule*—All students need to make copies, since they are held responsible for completing certain Learning Activities in readiness for class participation. The schedule reveals the planned hours of introduction to the unit, group discussion, lecture, demonstrations, roleplaying, workshop, clinical experience, final exam, and self-study. It is necessary for students to know exactly what's expected of them and when. This allows them to set their own work pattern.

*Learning Activity Symbols*—Small symbolic drawings in the unit quickly tell the students how s(he) will do an activity; for example, the symbol of a book indicates material to be read. Sometimes it is only a helpful reminder or point of information. A description of the symbols used in the options is included in this guide.

*Prontape*—A cassette tape introduces the list of terms and abbreviations in the unit on Side I by:

1. pronouncing the item properly
2. sounding out the item correctly
3. using the item in a sentence properly

Side II contains a verbal presentation of the items as a spelling test.

*Enrichment Activities*—These activities should be planned in advance if possible. You may want to control this section or allow students to plan their own activities. However you handle the situation, it is important that students know that the enrichment activities are available only on successful evaluation of the instructional unit. This reduces students' rushing to attain the enrichment activities without reaching full success in the unit.

**Option B**

How the instructor introduces the option to the student will depend on the degree of individualization in that program. The instructor might gather students together in small groups (according to Pretest results) to set the stage, hold individual student conferences, or simply hand out the booklets. Student directions tell the student to see the instructor about anything s(he) doesn't understand and to plan required Learning Activities.

The student is encouraged to see the instructor whenever the need arises, whether for clarification of Learning Activities, problems in independent study, evaluation, etc. It is important that s(he) feels comfortable in seeking guidance.

If you are using this unit for the first time with your students, you will need to explain the complete mechanics of the unit, including:

1. Unit components (Introduction, Student Instructions, Resources, Pretest, Objectives, Learning Activities, Posttest, and Mastery Evaluations)
2. Enrichment activities
3. Prerequisites and time factor

4. Learning Activity symbols
5. Resources (use of instructor, reading, audiovisuals, and all worksheets and Performance Checklists)

You will need to explain the difference between activities considered to be required and those that are *optional*. There are two optional activities. The Abbreviation Bingo game may be effective for students who like to learn with others and feel they have time for it. A student who likes to study alone may prefer to try the Crossword Puzzle. Neither activity is necessary to meet the Objectives.

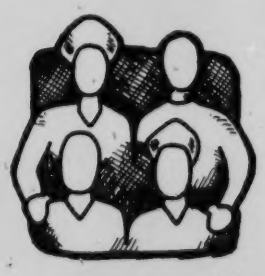
It is very important that directions for the Option B be as clear as possible, since students will be working without constant direction from the instructor. When using this option, the instructor will become aware of misinterpretations or confusion as many students seek clarification of points. These will need to be revised as soon as possible to avoid a waste of the instructor's time. Ineffective learning activities and wrong information should be corrected promptly for the same reasons.

**Learning Activity Symbols**

Small drawings are included throughout both units to assist the student in quickly locating activities and to indicate how the activity will be accomplished. All symbols are used in the same way in both options.

**Instructor demonstration**

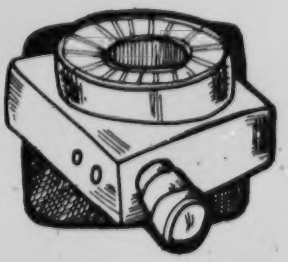
**Partner needed to do activity**



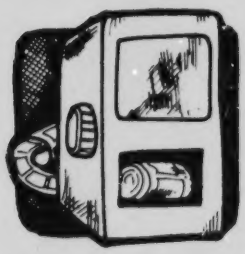
**Group discussion**

**Evaluate. Are you ready? How did you do?**

**New terms and abbreviations**



**Audiovisual: slides**

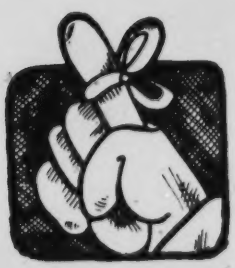


**Audiovisual: filmstrip**

**Point of information: Did you know that...**

**Posttest**

**Reading assignment**



**REMEMBER!**

## ENRICHMENT

Enrichment is a necessary component of any individualized instruction unit. The way in which each practical nursing program treats enrichment will depend on the structure of the program, the philosophy of the school and faculty, the resources available, and the students themselves.

Possibilities for enrichment might include:

1. An investigation into the nutritional requirements of the body, including the basic four food groups or the essential nutrients, could be considered.
2. Students might work at developing a more in-depth understanding of the factors influencing the well person's appetite, such as likes and dislikes, religious beliefs, age, race, and income. Depending on available community resources, students might visit a geriatric day care center, a kindergarten, or a school cafeteria at mealtime.
3. They might also visit a commercial cafeteria or restaurant to discover the eating patterns of the public.
4. Shadowing experiences are motivational activities that you might consider. Letting a student follow around a dietary department person could provide insight into the need for cooperation of all health facility personnel.
5. Spending a half day with a Meals on Wheels-type program might be interesting to a student.
6. Observation of factors influencing feeding procedures might be investigated by allowing the student to visit a nursing home or nursery at mealtime.
7. Students might like to assist the slower students in the practice laboratory or classroom.

Many more possibilities exist. Letting the students design the enrichment activities with instructor approval helps motivate them. Students usually know best how they'd like to learn. The only requirement is that the activity be a learning experience.

## ASSESSMENT

When approaching competency-based education, it is imperative that objectives and test items be congruent. That is, test items must call for the same principal performance, conditions, and standard (criterion level) specified in the objective. Two types of criterion-referenced tests are used in this unit of instruction—performance and written. Knowledge of material is evaluated in the Pretest, Posttest, and Final Exam in this unit. These tests are attempts to evaluate only the first ten objectives, which contain the "must know" verbs. Skill objectives 11, 12, and 13, with "must do" verbs, are evaluated by performance tests (checklists).

Both selection and supply-type criterion-referenced tests have been used in this unit for the cognitive domain objectives. Supply test items have been used in the Pretest and Posttest with only a few selection items. Supply items require students to recall. Students must write definitions, make explanations and comparisons, list information, problem-solve situations, and make judgments.

The Final Exam uses selection-type test items inclusive of true and false, matching, and multiple-choice as an example of criterion-referenced testing in another form. True-false and matching items are familiar forms of testing to most students. Multiple-choice items, which are also familiar, are especially good for testing problem-solving and decision-making abilities for complex concepts. Using multiple-choice items also prepares the student for other standardized tests that may be administered for assessment purposes; the Licensing Exam uses this form of test item.

All test items in this unit are identified with the proper objectives, and each test item measures one individual objective. This enables the student and instructor to quickly determine the area of concern or success.

Assessment is a cooperative effort of the instructor and student. Therefore, methods of evaluation, as well as the criteria for success, must be known by the student. The student instructions in this unit relate the methods and criteria for success. There are two parts to the Mastery Evaluation. A minimum grade of 75 percent is necessary on the final exam, and a grade of satisfactory on all sections of the checklists for skill evaluations is needed. Psychomotor domain evaluation is accomplished by means of the Performance Checklists. Affective evaluation, showing professional growth, can be accomplished by individual conferences, anecdotal records, and other self-evaluation instruments not included in this unit.

The learner is continuously reminded what s(he) must be able to do, how well, and under what conditions. The REMEMBER statement is one kind of reminder. The last page of the unit puts the student on final notice to review those objectives s(he) is uncertain about and again emphasizes the criteria for success.

Competency-based education recognizes an individual's learning needs and abilities. There is no room for *pass* or *fail* terminology; either students are successful or they need more instruction. Recognition of existing competencies is a foundation for planning the necessary Learning Activities, thus the Pretest. The Pretest can be used in different ways, depending on how it can be of the most value to the student in revealing inadequacies and to the instructor in planning an effective learning process for the student (see Choosing Option A or Option B, Pretests). The Pretest is reviewed by the instructor regardless of which instructional option is being used.

The Posttest (student's self-check) is the last learning activity in both options before the Mastery Evaluation. The answers to the Posttest are in the student's learning packet. The student is reminded that all assigned Learning Activities should be completed before the Posttest is attempted and that the Posttest should be taken just like any other test, with answers being checked only after it is completed. The student hurts only one person by copying answers. Directions for the test items are correlated with the objectives. This determines the area needing reinforcement before the Mastery Evaluations.

Student directions are included on the Pretest, Posttest, and Final Exam. Any conditions

necessary to the test are also included; for example, a diet manual is needed to answer test items on the Pretest and Posttest. Although the Pretest and Posttest are different, the same test can be used for both purposes as a means of encouraging a student to learn.

The Final Exam covers knowledge items on all Objectives, although certain objectives are emphasized by multiple samplings.

The final exam grading system is as follows:

| No. Correct | No. Wrong | Percentage Correct |
|---|---|---|
| 51 | 1 | 98 |
| 50 | 2 | 96 |
| 49 | 3 | 94 |
| 48 | 4 | 92 |
| 47 | 5 | 90 |
| 46 | 6 | 88 |
| 45 | 7 | 87 |
| 44 | 8 | 85 |
| 43 | 9 | 83 |
| 42 | 10 | 81 |
| 41 | 11 | 79 |
| 40 | 12 | 77 |
| 39 | 13 | 75 |

A score lower than those on this key indicates that the student has not been successful and needs additional instruction.

Keeping in mind that all test items serve specific objectives, the student and instructor should jointly review areas of concern and design a new learning process to help the student meet all the objectives successfully.

> NOTE: An instructor who chooses to evaluate students for 75 percent success on each objective rather than on the total unit objectives should make a judgment for success of each item. An example would be Objective 2, where there are only two test items (Items 15 and 35) for the objective. Could you declare success if the student got only one item correct? Or must the student get both items correct for success? Your answer would probably depend on how important the objective is.

## PRETEST

DIRECTIONS:
**Read each question carefully. Answer as many questions as you can. DO NOT GUESS. You will need a diet manual to answer Item 13.**

*(Obj. 1)*

1. **Define the following terms:**

   a. **Oral fluid intake**

   b. **Nutrition**

   c. **Soft diet**

   d. **Physical**

   e. **Full liquid diet**

   f. **Thirst**

   g. **Clear liquid diet**

   h. **Therapeutic diet**

*(Obj. 1)*

2. **Define the following abbreviations:**

   a. **FF**

   f. **NPO**

b. cc

c. ʒ

d. a.c.

e. ad lib

g. p.c.

h. p.o.

i. TBS. or TBSP.

j. I & O

*(Obj. 2)*

3. We know the physician prescribes a diet after assessing the patient's nutritional status. Now compare your role as a practical nurse with that of the dietary department personnel by listing the responsibilities of each.

a. Dietary department personnel

b. Practical nurse

*(Obj. 3)*

4. List five <u>environmental</u> factors that may affect the patient's appetite.

a.

b.

c.

d.

e.

*(Obj. 3)*

5. Explain the appropriate nursing action for the following factors that influence patients' appetites.

a. Disability (one broken arm)

b. Nausea and vomiting

c. Fever with dry mouth

d. Full bladder; on I & O

e. Inability to get out of bed

*(Obj. 4)*

6. What are three things the nurse can do to assist the blind person in eating?

   a.

   b.

   c.

*(Obj. 4)*

7. What are three nursing actions that could prevent the patient from choking during the feeding procedure?

   a.

   b.

   c.

30

*(Obj. 4)*

8. Explain how the nurse ensures that the right patient receives the right diet for proper nourishment.

   a.

   b.

   c.

*(Obj. 5)*

9. Circle the foods in the following lists that would not be found on a soft diet.

| | |
|---|---|
| Jello | fresh apple |
| cottage cheese | French fried potatoes |
| bran flakes | toast |
| cream of celery soup | fish |
| bologna | cooked beets |
| veal | citrus sections without membrane |

*(Obj. 5)*

10. Circle all foods in the following lists that are allowed on a full liquid diet.

| | |
|---|---|
| tomato juice | ginger ale |
| coffee with cream | mashed bananas |
| milkshake | cranberry juice |
| preserves | clear broth |
| eggnog | soft-boiled eggs |

*(Obj. 5)*

11. Circle food items from the following lists that could be served on a clear liquid diet.

| | |
|---|---|
| tomato juice | ginger ale |
| coffee with cream | mashed bananas |
| milkshake | cranberry juice |
| preserves | clear broth |
| eggnog | soft-boiled eggs |

*(Obj. 6)*

12. List five responsibilities the practical nurse has to a patient who is on a modified diet.
    The practical nurse should:

    a.

    b.

c.

d.

e.

*(Obj. 7)*

13. **SITUATION**: Charles is a diabetic. His tray has just arrived with the following contents: baked ham, scalloped potatoes, asparagus, bread with one pat of butter, tossed salad, tea with lemon and sugar, and Jello for dessert. He does not like Jello and has requested ice cream in its place.

    Answer the following questions regarding the above situation (use a diet manual as your source of information):

    a. Can Charles replace Jello with ice cream? _____

    b. Can he have everything served on his tray? _____

    c. Could you do anything to meet his request? _____

    Explain your answer.

*(Obj. 8)*

14. Circle the **T** if the statement is completely true, and **F** if it is false.

    **T F** a. All food items on the full and clear liquid diets may be included as oral fluid intake.

    **T F** b. Watermelon is mostly water and is appropriately included and recorded as oral fluid intake.

    **T F** c. Oral fluid intake includes all foods that turn to liquid at body temperature.

    **T F** d. Ice chips are included in oral fluid intake.

*(Obj. 9)*

15. Mary enjoyed a breakfast that included 6 oz. of milk, two 5-oz. cups of coffee, and a 4-oz. glass of juice.

    Convert her oral intake to metric measurement and total the amount. Show your calculations in the space provided and insert your answer here. _____

    *Calculation Space*

*(Obj. 10)*

16. **Robin is on a full liquid diet. She is a fussy eater and takes only some of everything. This morning she was served:**
**8 oz. of milk; there is 3 1/3 oz. left.**
**4 oz. of juice; there is 1 oz. left.**
**4 2/3 oz. of broth; there is 2 1/6 oz. left.**
**5 oz. of tea; she drank the whole cup.**
**Two 1-oz. creamers; one-half of one creamer is left.**
**Calculate the oral fluid intake, showing your work in the space provided.**
**Enter the total on the line provided.**

*Calculation Space*

**Robin's total oral intake was** _____.

*(Obj. 10)*

17. **Read the following situation, then list the observations that you would make in the left-hand column. List what you would report or record for each observation in the right-hand column.**

**SITUATION:** **Jim had been served a regular diet. As you removed his tray later, you noted that he left all of the meat and most of the baked potato and tossed salad. He drank all his milk and coffee and ate his ice cream. When you inquired about foods remaining, he said: "They didn't give me my dentures; and besides, the doctor is mostly interested in my**

drinking a lot for my fever. He said I should keep track of it." You glanced up to see an I & O record at the head of his bed.

| OBSERVATIONS | REPORT/RECORD |
|---|---|
| | |

**Did you answer all the items that you could?** Do not rush. Take the time to review each item. Then take the test to your instructor to check it for you.

## PRETEST ANSWER SHEET

1. a. *Oral fluid intake*: all nutritional items which melt at room or body temperature.
   b. *Nutrition*: a branch of science dealing with food as it is used by the body for growth, reproduction, and energy.
   c. *Soft diet*: a diet which is adequate nutritionally—about 1800 to 2000 calories—and low in cellulose (foods with little or no fiber); may include chopped and strained foods and is mechanically easy to eat and digest.
   d. *Physical*: pertaining to the body.
   e. *Full liquid diet*: a diet adequate for maintenance only, about 1300-1500 calories; usually used for a limited time. These foods form liquids at room and body temperature and are usually in liquid or semi-liquid form. It may be used postoperatively for infections, dysphagia, acute digestive conditions, etc.
   f. *Thirst*: a sensation of dryness in the mouth creating a desire for liquids.
   g. *Clear liquid diet*: also called surgical liquid diet, it is mostly water, sugar and flavors; not an adequate diet, minimum residue, and supplies about 500 calories. It is used to relieve thirst, prevent dehydration, and start peristalsis in postoperative patients. This diet includes clear liquids only, no milk.
   h. *Therapeutic diet*: a diet utilized for treatment of disease.

2. a. force fluids
   b. cubic centimeter
   c. ounce
   d. before meals
   e. as desired
   f. nothing by mouth
   g. after meals
   h. by mouth
   i. tablespoon
   j. intake and output

3. Dietary Department: carries out dietary prescriptions by planning appropriate menus, preparing food, and sometimes serving the diet and collecting trays after meals.

   Practical Nurse: receives the dietary order from the physician, observes patient's dietary behavior, may serve trays, feeds or assists with eating, and sometimes removes trays. Reports and records observations, teaches patients, and gives explanations as necessary.

4. Answers might include any of these factors: hurried and rushed appearance of personnel; attitudes of personnel; untidy or dirty rooms or utensils; unpleasant roommate; food not served attractively (eye appeal); new foods; snacks; cluttered conditions; improper eating utensils; too much company; temperature too hot or cold; unpleasant odors or objects (as urinal, bedpans, emesis basins); boredom (no radio, TV, visitors, magazines, news, etc.); or noise.

5. a. Position patient comfortably, assist as needed, and feed if necessary. Make certain everything is within easy reach for the patient. Remove covers of food, butter bread, cut meat, pour beverage, place napkin, and offer assurance. Allow the patient to do as much as possible.
   b. Report nausea; patient may be able to have medication. Offer mouth care. Keep emesis basin clean and out of sight, if possible. Don't force food. Provide ice chips.
   c. Offer liquids frequently and provide ice chips, if allowed. Give oral care frequently.
   d. Help patient travel to bathroom and use bedpan or offer bedpan/urinal in room if patient is not allowed out of bed (OOB). Record output accurately. Assist to wash hands before meal.
   e. Make provisions for patient's urination and/or bowel movement. Help patient wash his/her hands and face and give mouth care. Position patient comfortably, create attractive environment, and assist patient as necessary. Place all foods within easy reach of patient.

6. A nurse would place utensils in the conventional places; tell the patient what the foods are; explain where the foods are on the tray and plate; remove food covers; cut up foods; pour liquids; and assist or feed as necessary, treating the patient with dignity.

7. Sit the patient up in a comfortable position, supporting the head and back; offer liquids frequently with solid foods; allow plenty of time for food to be chewed properly and swallowed; give food from the tip of the spoon or fork (avoid bites that are too large); provide conversation without too many questions for the patient to answer; allow sufficient time for breathing and swallowing.

8. Check the tray with the physician's order; make sure all foods are appropriate for the type diet; and check the tray card against the patient's identification band.

9. Circle: fresh apple, French fried potatoes, bran flakes, bologna.

10. Circle: tomato juice, ginger ale, coffee with cream, milkshake, cranberry juice, clear broth, eggnog.

11. Circle: ginger ale, cranberry juice, clear broth.

12. a. Know what the diet prescription consists of.
    b. Understand what the diet is to accomplish.
    c. Be aware of the patient's reactions to a diet.
    d. Be aware of the patient's home situation and problems the diet may cause there.
    e. Understand what happens to the body as a result of the condition the patient is being treated for.

13. a. No
    b. No
    c. Yes. Offer sugar substitute for sugar; contact dietary department for appropriate exchange for Jello.

14. a. T  b. F  c. T  d. T

15. milk = 6 oz. × 30 $\frac{cc}{oz.}$ = ..... 180 cc

    two coffees = 2 × 5 oz. × 30 $\frac{cc}{oz.}$ = ..... 300 cc

    juice = 4 oz. × 30 $\frac{cc}{oz.}$ = ..... 120 cc

    TOTAL 600 cc

16. milk = 8 oz. × 30 $\frac{cc}{oz.}$ = ..... 240 cc

    3 1/3 oz. × 30 $\frac{cc}{oz.}$ = ... 100 cc  240 cc − 100 cc = .... 140 cc

    juice = 4 oz. × 30 $\frac{cc}{oz.}$ = ..... 120 cc

    1 oz. × 30 $\frac{cc}{oz.}$ = ..... 30 cc  120 cc − 30 cc = ..... 90 cc

    broth = 4 2/3 oz. × 30 $\frac{cc}{oz.}$ = ... 140 cc

    2 1/6 oz. × 30 $\frac{cc}{oz.}$ = .... 65 cc  140 cc − 65 cc = ..... 75 cc

    tea = 5 oz. × 30 $\frac{cc}{oz.}$ = ..... 150 cc

    creamers (2) = 2 × 1 oz. × 30 $\frac{cc}{oz.}$ = ..... 60 cc  60 cc − 15 cc = ..... 45 cc

    TOTAL 500 cc

| 17. OBSERVATIONS | REPORT/RECORD |
|---|---|
| Served a regular diet | Regular diet |
| Drank milk, coffee, ate ice cream | Liquids taken well |
| Meat, potato, salad left | Solid food taken poorly |
| No dentures, can't chew | No dentures to eat with |
| Must account for fluids, I & O record | Record intake |
| Says he has fever and needs to drink a lot | Patient states he has fever and physician ordered increased fluids |

## FINAL EXAM

DIRECTIONS:
**Match the terms and abbreviations on the left with the applicable definitions in the column to the right. Place the appropriate letter selection in the space to the left of the term or abbreviation.**

*(Obj. 1)*

1. _____ NPO
2. _____ environmental
3. _____ nourishment
4. _____ ad lib
5. _____ FF
6. _____ physical
7. _____ house diet
8. _____ a.c.
9. _____ oz.
10. _____ nutrition
11. _____ p.o.
12. _____ therapeutic

A. pertains to the body
B. 2 TBSP.
C. before meals
D. regular diet
E. oral
F. A science which deals with how the body uses food for growth, development, and maintenance
G. as needed, when desired
H. after meals
I. supplemental foods or drinks
J. nothing by mouth
K. used for corrective purposes
L. pertains to one's surroundings
M. cubic centimeter
N. additional amounts of fluids
O. dram

DIRECTIONS:
**Indicate whether the following statements are true or false by circling the T if the statement is completely true, or F if any part of the statement is false.**

*(Obj. 1)*

13. **T F** A soft diet and a full liquid diet are easily digested and adequate in nutrition for indefinite periods of time.

*(Obj. 1)*

14. **T F** In the hospital, the word "nourishment" usually means an extra snack between meals.

*(Obj. 2)*

15. **T F** The practical nurse is responsible to change the diet order as necessary based on observations of the patient's nutritional behavior.

*(Obj. 3)*
16. T F Poor body alignment is a physical factor that influences the patient's appetite by promoting discomfort.

*(Obj. 3)*
17. T F A patient may not eat if s(he) is lonely at mealtime and sometimes because of too much company.

*(Obj. 3)*
18. T F Adding a bit of parsley or sliced tomato to a plate may improve its "eye appeal."

*(Obj. 4)*
19. T F The larger the helping of food on the tray, the more the patient will eat.

*(Obj. 4)*
20. T F The straw is handled incorrectly when the nurse holds it in the middle.

*(Obj. 4)*
21. T F Unpleasant treatments should not immediately precede meals. They may, however, be done right after the patient has eaten a good meal.

*(Obj. 5)*
22. T F A Sloppy Joe or chili dog would be acceptable on a soft diet because the meat is ground for easy digestion.

*(Obj. 5)*
23. T F Although fresh orange juice is commonly found on a full liquid diet, you would not serve it on a clear liquid diet.

*(Obj. 6)*
24. T F The nurse must be aware of the patient's home situation to help plan for necessary diet modifications after discharge.

*(Obj. 6)*
25. T F Because the nurse is responsible to teach and explain diets to the patients, s(he) must understand the functions of all diets.

*(Obj. 7)*
26. T F Many diet manuals indicate diseases and conditions being treated by the various diet modifications.

*(Obj. 8)*
27. T F Foods that melt at body temperature would include custard, ice cream, Jello, junket, and pudding.

*(Obj. 8)*
28. T F Liquids in the solid foods we eat are included in intake and therefore totaled on the I & O record.

*(Obj. 9)*
29. T F 1 1/2 oz. of ice chips would be recorded on the I & O record as 60 cc.

*(Obj. 9)*
30. T F Archibald consumed a full liquid diet intake totaling 21 oz. You would record 630 cc.

*(Obj. 10)*
31. T F The nurse should report the patient's attitude toward the prescribed diet.

*(Obj. 10)*
32. T F "Good appetite" would be an appropriate report to use when a patient eats all foods on the tray.

DIRECTIONS:
Read each statement or question carefully. Then select the option that best completes a statement or answers a question.

*(Obj. 1)*

33. "FF" could best be accomplished by:
    a. limiting in-between-meal intake.
    b. nothing by mouth.
    c. offering liquids frequently.
    d. allowing fresh fruit as desired.

*(Obj. 1)*

34. A full liquid diet is characterized by:
    1. milk, beverages, and strained soups.
    2. foods that are liquid at room and body temperature.
    3. water and carbohydrates.
    4. strained semi-liquid foods.

    a. 1 & 2
    b. all except 3
    c. 2 & 4
    d. all of the above

*(Obj. 2)*

35. In meeting a patient's nutritional needs the practical nurse's role includes:
    1. prescribing the diet.
    2. making nutritional behavior observations.
    3. always serving the tray.
    4. feeding the patient.

    a. 1, 2, 4
    b. 2 and 4
    c. 1 and 4
    d. all except 1

*(Obj. 3)*

36. A pleasant environment for the patient's mealtime is gained by:
    a. giving medications for pain.
    b. hurrying to radiate efficiency.
    c. removal of unsightly objects.
    d. turning the TV on.

*(Obj. 3)*

37. Oral care before the meal is appreciated by the patient for the following reason(s):
    1. stimulation of appetite.
    2. prevention of dental caries.
    3. dry mouth.
    4. foul taste in mouth.

    a. 4 only
    b. 1 & 2
    c. all except 4
    d. 1 & 4

40

*(Obj. 4)*

**38.** The diet tray must be correctly placed on the clean:

a. overbed table.
b. bedside stand.
c. chair.
d. dresser.

*(Obj. 4)*

**39.** To lessen the chances of a patient choking, the nurse would:

1. sit patient up to make swallowing easier.
2. feed the patient slowly.
3. allow enough time for chewing.
4. feed with full spoonfuls.

a. 1 & 2
b. all except 1
c. 2 & 3
d. all except 4

*(Obj. 4)*

**40.** Fluids are offered during the meal to:

1. provide moisture when eating dry foods.
2. clear the mouth of food particles.
3. wash down poorly chewed food.
4. quench one's thirst.

a. all except 2
b. 1 & 4
c. all except 3
d. 1 & 2

*(Obj. 4)*

**41.** When feeding the patient, the nurse can best prevent burns by:

a. using a straw for all liquids.
b. blowing on hot food to cool it.
c. testing temperature of food on inside of wrist.
d. avoiding spills.

*(Obj. 4)*

**42.** You would assist a sightless person with his/her meal by:

a. assisting as necessary.
b. treating the person very delicately.
c. placing the tray away to avoid the patient hitting it accidentally.
d. using a straw for all liquids.

*(Obj. 5)*

**43.** To modify a soft diet to a regular diet, you would add:

1. clear fruit juices.
2. more calories.
3. cellulose foods.
4. milk and cream.

a. 1 and 2
b. all of the above
c. 2 and 3
d. 3 only

41

*(Obj. 5)*

**44.** On a clear liquid diet, the patient could have:

a. fresh orange juice.
b. chicken noodle soup.
c. lime jello.
d. tapioca pudding.

*(Obj. 5)*

**45.** The presence of short ribs and salads would indicate the diet to be:

a. regular.
b. soft.
c. full liquid.
d. clear liquid.

*(Obj. 5)*

**46.** A soft diet would probably <u>not</u> include:

a. roast chicken, squash, and cranberry jelly
b. fried chicken and peas
c. creamed chicken on toast and carrots
d. broiled chicken, yellow rice, and applesauce

*(Obj. 6)*

**47.** Even though the dietitian plans the patient's diet modifications, the nurse must know:

a. the source of foods.
b. what the diet consists of.
c. the wholesale grocer.
d. availability of foods.

*(Obj. 7)*

**48.** Mary Jane is on a diabetic diet. Which of the following resources would the nurse use to determine foods prohibited on her diet?

1. Physician's order
2. Dietitian
3. Diet manual
4. Head nurse

a. 2 & 3
b. only 3
c. all except 4
d. 1 only

*(Obj. 8)*

**49.** When recording oral fluid intake on the I & O record, the following item(s) would be included:

1. IV fluids.
2. all soups and stews.
3. gelatins.
4. strained oatmeal.

a. 1 & 2
b. 1, 3, and 4
c. 3 & 4
d. 3 only

*(Obj. 9)*

50. Which of the items below has been correctly and accurately entered on the I & O record?
    a. Jello 3 oz., custard 2 oz. = 1500 cc
    b. Cream soup 6 oz., sherbet 120 cc = 300 cc
    c. Juice 4 oz., tea 4 oz. = 8 oz.
    d. Water 240 cc, coffee 150 cc = 390 cc

*(Obj. 9)*

51. The water pitcher had 22 oz. of ice and $H_2O$ at 7:00 a.m. There was only 150 cc of $H_2O$ left at 3:00 P.M. What quantity would be recorded on the I & O form?
    a. 17 ounces
    b. 480 cc
    c. 510 cc
    d. 660 cc

*(Obj. 10)*

52. Mr. Allen is on a regular diet and restricted fluids. As you removed his tray you noticed that he had eaten his entire meal, but left his coffee. He explained that he doesn't like coffee and will take some tea instead. He has been extremely thirsty today. You replace his coffee with the tea, which he drinks immediately and requests you call his doctor for an order to increase his fluids.
    Review the above observation. In reporting this situation, you would include:
    1. wants tea for meals, dislikes coffee.
    2. extreme thirst, requests physician be contacted.
    3. amount of fluid taken, dislikes coffee.
    4. regular diet, good appetite.
    a. 2, 3, and 4
    b. 4
    c. all except 4
    d. 2 and 3

## FINAL EXAM ANSWER SHEET

| | | | |
|---|---|---|---|
| 1. J | 2. L | 3. I | 4. G |
| 5. N | 6. A | 7. D | 8. C |
| 9. B | 10. F | 11. E | 12. K |
| 13. F | 14. T | 15. F | 16. T |
| 17. T | 18. T | 19. F | 20. F |
| 21. F | 22. F | 23. T | 24. T |
| 25. T | 26. T | 27. T | 28. F |
| 29. F | 30. T | 31. T | 32. T |
| 33. C | 34. B | 35. B | 36. C |
| 37. A | 38. A | 39. D | 40. C |
| 41. C | 42. A | 43. C | 44. C |
| 45. A | 46. B | 47. B | 48. B |
| 49. C | 50. D | 51. C | 52. A |

## PERFORMANCE CHECKLIST

| *SKILLS<br>SERVE TRAY<br>FEED PATIENT<br>REMOVE TRAY | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| **Served Tray** | | | | |
| 1. Made provisions for patient's urination and/or bowel movement. | | | | X |
| 2. Washed own hands. | | | | |
| 3. Washed or helped patient wash his/her hands, face, and mouth. | | | | X |
| 4. Positioned patient for eating in bed. | | | | |
| 5. Positioned overbed table. | | | | |
| 6. Straightened room, removing such items as bedpans and urinals and providing pleasant atmosphere. | | | | |
| 7. Washed own hands. | | | | |
| 8. Checked food tray against physician's order and patient's identification band. | | | | |
| 9. Carried food tray to overbed table with both hands, being careful not to spill tray's contents. | | | | |
| 10. Placed food tray in front of patient and removed covers from food tray. | | | | |
| 11. Placed food and utensils in conventional positions. | | | | |
| 12. Placed napkin to protect patient's clothing and bed linens. | | | | |
| 13. Told sightless patient what foods were served and their placement on food tray. | | | | |
| 14. Provided any further assistance needed by the patient before the meal. | | | | |
| **Fed Patient** | | | | |
| 15. Positioned self in good body alignment at the patient's level. | | | | |

**Student must rate Satisfactory on all items.*

| | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| 16. Tested hot food on inside of own wrist and cooled food, if necessary. | | | | |
| 17. Gave patient moderate bites of food, asking what order of foods the patient prefers. | | | | |
| 18. Handled patient's straw at midpoint and helped patient use napkin appropriately. | | | | |
| 19. Alternated liquids and solids as patient requested (1:3 or 1:4). | | | | |
| 20. Fed patient slowly, giving him/her enough time to prevent his/her choking. | | | | |
| 21. Encouraged patient to consume sufficient quantity of solids and liquids. | | | | |
| 22. Engaged patient in pleasant conversation. | | | | |
| Removed Tray | | | | |
| 23. Observed what patient ate and drank. | | | | |
| 24. Removed napkin, overbed table, and food tray. | | | | |
| 25. Made provisions for patient's urination and/or bowel movement. | | | | X |
| 26. Washed or helped patient wash his/her hands, face, and mouth. | | | | X |
| 27. Left patient in good body alignment, with the bed positioned appropriately. | | | | |
| 28. Left call signal in patient's reach and bed rails up, if necessary. | | | | |
| 29. Reported and/or recorded observations, using correct pronunciation and correct spelling. | | | | |

46

## PERFORMANCE CHECKLIST

*SKILL: MEASURE AND RECORD INTAKE AND OUTPUT

| | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| **Measured and Recorded Intake and Output** | | | | |
| 1. Determined if patient is on I & O. | | | | |
| 2. Provided for proper equipment (graduate, I & O record, conversion table, pencil). | | | | |
| 3. Instructed patient to record own intake; provided pencil and record. | | | | |
| 4. Instructed patient to record own output; provided pencil and record. | | | | X |
| 5. Explained procedure to patient, using correct pronunciation of terms. | | | | |
| 6. Posted I & O sign at patient's bedside. | | | | |
| 7. Measured and calculated water pitcher contents correctly; calculated patient's $H_2O$ intake accurately. | | | | |
| 8. Measured other intake accurately; used list of measurements (if available). | | | | |
| 9. Measured output accurately. | | | | X |
| 10. Converted measurements to ml or cc. | | | | |
| 11. Recorded intake (meals, snacks) in correct sequence on I & O record. | | | | |
| 12. Recorded output in correct sequence on I & O record. | | | | X |
| 13. Made appropriate comments regarding patient's perspiration/incontinence. | | | | X |
| 14. Calculated and entered correct totals for designated period. | | | | |
| 15. Recorded totals on patient's chart. | | | | |

**Student must rate Satisfactory on all items.*

## APPENDIX A: HOW TO MAKE A PRONTAPE

A Prontape is simply a cassette tape that can be developed by the instructor. If you are fortunate enough to have a media department, personnel there can help you with this.

The word Prontape is used only for ease of identification. The prefix "Pron" was developed to represent the word "pronunciation," and "tape," of course, is the medium used. This tape helps the student learn the correct pronunciation, spelling, and use of the terms and abbreviations listed in the unit of instruction. Short-duration tapes should be used if you plan to develop the spelling test on the second side.

One side of the tape (Side 1) is developed for pronunciation, spelling, and correct use of the terms and abbreviations. These new terms and abbreviations are:

1. pronounced in the same order as they are listed in the instructional unit
2. sounded out
3. used properly in a sentence.

On the other side of the tape (Side 2), all words and terms are pronounced slowly. This is to permit the student ample time to spell the term or abbreviation. Students can use Side 2 as a self-test on spelling, or the instructor can use it to give a spelling test.

Both sides of the tape must give the student specific instructions on how to use it. Directions for Side 1 should include having the terms in front of the student as s(he) listens, trying to pronounce the new terms during the pauses on the tape, and repeating areas as necessary. Side 2 should prepare the student for the spelling test by reminding the student to get paper and pencil and to shut off the tape after a word is pronounced if s(he) needs more time to spell it. Directions should also tell the student to repeat any portion(s) of the tape that s(he) feels is necessary.

There are many other ways in which cassette tapes can be used. You will develop what works best for your program. The pronunciation section will probably be more valuable for use with units that have more unfamiliar terms than this one does.

## APPENDIX B: HOW TO MAKE A HOSPITAL CONTAINER MEASUREMENT KIT

The Hospital Container Measurement Kit is used in both instructional unit options for the hands-on experience of calculating oral intake. Using the kit gives the student the opportunity to:

1. become familiar with the containers used in the clinical setting that are foreign to the ordinary home
2. convert from household to metric measurement
3. develop a Hospital Container Capacity Table
4. use the table to practice calculating intake situations.

The kit is inexpensively constructed, and the containers can usually be obtained free from the clinical facilities.

The faculty should obtain various containers (milk carton, juice glass, cup, etc.), either by collecting used ones and cleaning appropriately for safe use, or by obtaining unused containers from dietary departments, if possible. These can then be stored in a box or large plastic bag in the learning laboratory.

Each container should be marked in some way to indicate the level to which it is to be filled for measurement, since all answers must reflect a set capacity for each container. Use the usual safety space to prevent spilling—one-half inch from the top of a glass, one inch for a water pitcher, etc.

As you develop the kit for your program, you may need to revise the problems in and answers to the Learning Activities, which depend on the types and capacities of containers used.

## APPENDIX C: HOW TO MAKE THE ABBREVIATION BINGO GAME

Games can be made as fancy or as simple as you care to make them. This will probably depend on time and resources available. A graphic arts or media department is potential assistance, as is a teacher's aide, if available. Students' class activities must be focused on their goals, but this does not preclude an interested student's developing the game as an extracurricular or enrichment activity.

Preparing a simple and inexpensive version requires only colored poster board, some type of writing instrument, and a ruler. Bingo boards can be any size; however, storage space should be considered. Legibility will influence the color of the poster board and of the writing (latest studies show that purple on yellow is the most obvious, but black on yellow is good also). Multicolored boards might be considered as well. Squares the size of the individual blocks can serve as the Bingo chips. Laminating the boards and chips will increase their durability.

Two methods of calling abbreviations are suggested. Chips with the terms on them can be used; the caller picks them from a container and sets them aside as a record of which terms have been called. Or a call board can be developed (as in the sample), then laminated or covered with some sort of acetate sheet or old X-ray film. To keep a record of the terms that the caller has randomly called off the call board, the caller uses a wax crayon or water-base pen to draw a line through the item on the board. The lines can be wiped away, so the board can be reused.

The possibilities of getting a Bingo should be considered when the cards are designed. If students play repeatedly and none obtains a good card, they lose interest and learning does not occur. Refer to the six sample boards that follow. You will note that cards D and E contain a possible Bingo if the students know the abbreviations for this unit. Card F contains additional possibilities for Bingo if students also know OOB from reading and previous experience in the health field, and card C contains additional possibilities for Bingo if students also remember IV from reading assignments. Since all six cards have some abbreviations from the unit of study, everyone has a chance to participate in the game.

Bingo games can be designed for many areas in the practical nursing curriculum. This game contains only common abbreviations appropriate to a primary area of the curriculum, including some other beginning-level health curricula (nurse assistant, geriatric aide, unit clerk, etc.).

Other possibilities for this game include prefixes and suffixes, body structure and function, and pharmacology. You probably can think of others.

| ABBREVIATION BINGO<br>A | | | | |
|---|---|---|---|---|
| $\bar{a}\bar{a}$ | abd. | q.s. | ℨ | cc |
| pt. | ad lib | ml | q.d. | I & O |
| $\overline{S}$ | tsp. | Free | gtt | DC |
| TPR | sc | ax. | aq. | h. |
| IM | q.i.d. | stat | C. | amt. |

| ABBREVIATION BINGO<br>B | | | | |
|---|---|---|---|---|
| C. | amb. | $H_2O$ | $\overline{P}$ | ib. |
| wt. | gm. | noc. | liq. | BM |
| BP | c/o | Free | NPO | ml |
| q.h. | TBS. | L. | cap. | $O_2$ |
| $\overline{c}$ | lb. | prn | t.i.d. | ss |

| ABBREVIATION BINGO<br>C | | | | |
|---|---|---|---|---|
| **IV** | **q.o.d.** | **$\overline{s}$** | **q.h.** | **Dx** |
| **TPR** | **oz.** | **et** | **BP** | **pt.** |
| **no.** | **P** | **Free** | **$O_2$** | **P.M.** |
| **p.o.** | **per** | **L.** | | **q.d.** |
| **abd.** | **DC** | **gm.** | **BM** | **lb.** |

| ABBREVIATION BINGO<br>D | | | | |
|---|---|---|---|---|
| **L.** | **$H_2O$** | **ad lib** | **tsp.** | **lb.** |
| **cc** | **TBSP.** | **FF** | **BM** | **ml** |
| **I & O** | **amt.** | **Free** | **Rx** | **TPR** |
| **NPO** | | **p.o.** | **a.c.** | **P.M.** |
| **p.c.** | **fl.** | **liq.** | **A.M.** | **F.** |

| ABBREVIATION BINGO<br>E | | | | |
|---|---|---|---|---|
| **p.c.** | **L.** | **ml** | **TBS.** | **cc** |
| **BM** | **p.o.** | **NPO** | **F.** | **I O** |
| **TPR** | **ad lib** | **Free** | **P.M.** | **tsp.** |
| **A.M.** | **FF** | **lb.** | **oz.** | **Dx** |
| **Rx** | **H O** | **amt.** | **fld.** | **liq.** |

| ABBREVIATION BINGO<br>F | | | | |
|---|---|---|---|---|
| **A.M.** | **q.o.d.** | **ad lib** | **p.c.** | **wt.** |
| **h.s.** | **OOB** | **ml** | **sc** | **q.i.d.** |
| **per** | **P.M.** | **Free** | **tsp.** | **BRP** |
| ℨ | **Rx** | **DC** | **fl.** | **$O_2$** |
| **cc** | **BM** | **gm.** | ℨ | **NPO** |

## ABBREVIATION BINGO CALL BOARD

| | |
|---|---|
| **āā** | of each |
| **abd.** | abdominal |
| **a.c.** | before meals |
| **ad lib** | as needed |
| **A.M.** | morning |
| **amb.** | ambulatory |
| **aq.** | amount |
| **ax.** | axillary |
| **b.i.d.** | twice a day |
| **BM** | bowel movement |
| **BP** | blood pressure |
| **BRP** | bathroom privileges |
| **C.** | centigrade or cup |
| **c̄** | with |
| **cap.** | capsule |
| **cc** | cubic centimeter |
| **c/o** | complained of |
| **comp.** | compound |
| **DC** | discontinue |
| **Dx** | diagnosis |
| **Dr., ℨ** | dram |
| **FF** | force fluid |
| **fl. or fld.** | fluid |
| **gm.** | gram |
| **gr.** | grain |
| **gtt** | drop |
| **h.** | hour |
| **$H_2O$** | water |
| **h.s.** | bedtime |
| **I & O** | intake and output |
| **IM** | intramuscular |
| **IV** | intravenous |
| **L.** | liter |
| **lb.** | pound |
| **liq.** | liquid |
| **ml** | milliliter |
| **no.** | number |
| **noc.** | night |
| **NPO** | nothing by mouth |
| **$O_2$** | oxygen |
| **OOB** | out of bed |
| **oz., ℨ** | ounce |
| **P** | after |
| **p.c.** | after meals |
| **per** | by |
| **P.M.** | afternoon |
| **p.o.** | by mouth |
| **prn** | whenever necessary |
| **pt.** | patient |
| **q.d.** | every day |
| **q.h.** | every hour |
| **q.i.d.** | four times a day |
| **q.o.d.** | every other day |
| **q.s.** | quantity sufficient |
| **Rx** | treatment |
| **s̄** | without |
| **sc** | subcutaneous |
| **ss** | one-half |
| **stat** | immediately |
| **TBSP., TBS.** | tablespoon |
| **t.i.d.** | three times a day |
| **TPR** | temperature, pulse, respirations |
| **tsp.** | teaspoon |
| **via** | by way of |
| **wt.** | weight |

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# APPENDIX D: CROSSWORD PUZZLE

DIRECTIONS:

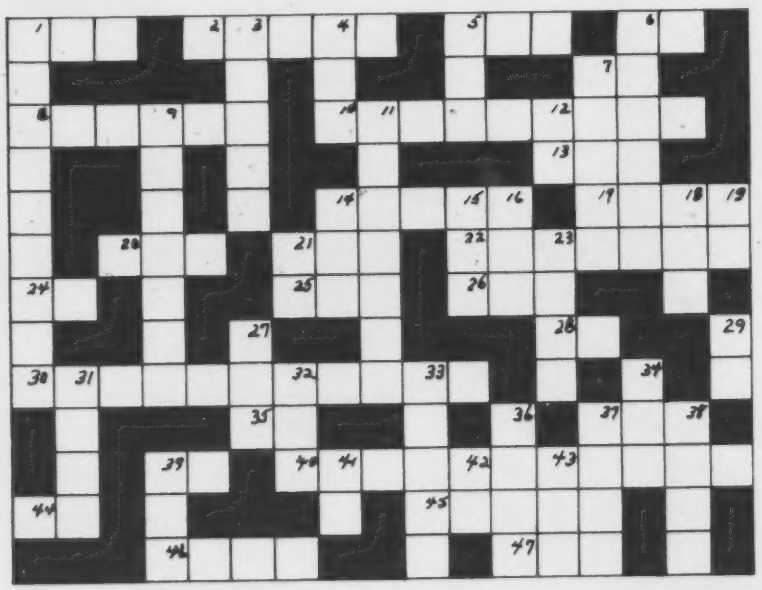
Have fun learning as you try to fill in all the blank squares using the clues in the two columns (Down, Across).

*Down*

1. Science of food and its use
3. 1000 cc
4. Notices
5. 16 oz. weight abbreviation (pl.)
6. Light
7. Restrict
9. General or house
11. Edible
12. Sodium symbol
14. Ocean
15. Quantity abbreviation
16. Legal rule
18. Proper identification prevents this
19. I, me, _____. and mine
21. One-half quart
23. Diet low in fiber
27. One-third TBSP.
29. Metric measurement
31. By mouth
32. Food causing burns
33. Health worker
34. Butter
36. After spinning
37. Diet with milk added
38. Prescription of food
39. What nursing is
41. Greeting
42. Before the meal
43. Masculine name

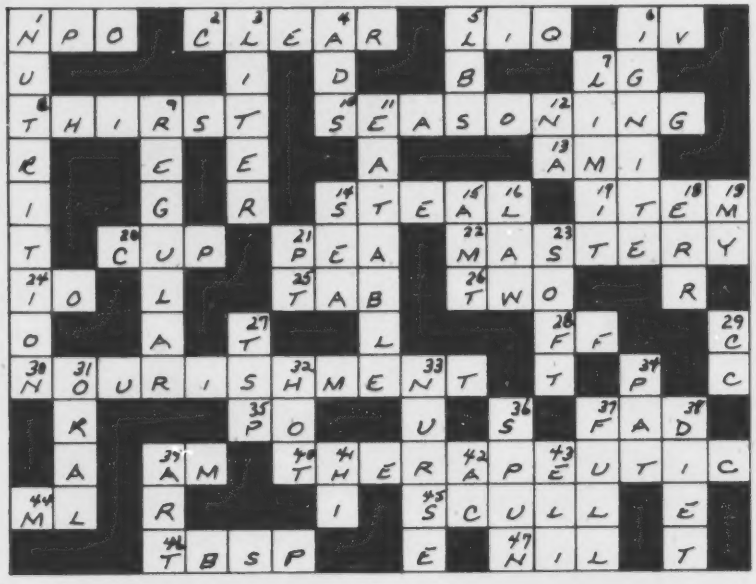
*Across*

1. Nothing orally
2. Liquid Diet
5. A fluid abbreviation
6. Fluids by vein
7. Big
8. Dryness
10. Salt and pepper
13. Friend (French)
14. Take without permission
17. Food item
20. One-half pint
21. _____ soup
22. Expert skill and knowledge
24. Fluid measurement
25. Low calorie cola
26. A pair
28. Encourage supplemental fluids
30. Snack or drink
35. Oral
37. Type of diet
39. Mornings
40. Pertains to treatment of disease
44. Cubic centimeter
45. Racing boat with oars
46. One-half ounce
47. Nothing



Turn the page to check your answers.

## CROSSWORD PUZZLE ANSWER SHEET


1 N P O C 2 L 3 E A 4 R L 5 I O I 6 V
U I D B L 7 G
8 T H I 9 R S T S 10 E 11 A S O 12 N I N G
R C E A 13 A M I
I G R S 14 T E A 15 L 16 I T E 17 18 M 19
T C 20 U P P 21 E A M 22 A S 23 T E R Y
24 I O L T 25 A B T 26 W O R
O A T 27 L F 28 F 29 C
30 N 31 O U R I S H 32 M E N 33 T T P 34 C
R P 35 O U S 36 F 37 A D 38
A A 39 M T 40 H 41 E R A 42 P E 43 U T I C
44 M L R I S C U L L E
T 45 B S P E N 46 I L T

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## APPENDIX E: HOUSEHOLD MEASUREMENT WORKSHEET

1. What utensil is used to measure 1 tsp. accurately?_____

2. What utensil would be used to measure 3 tsp.?_____

3. Write the abbreviation for the household measurements below:

   a. ounce _____

   b. teaspoon _____

   c. tablespoon _____ or _____

4. Rearrange the following measuring units in order from the largest to the smallest units. ½ tsp., 1 TBSP., 1 tsp., ¼ tsp., 1 fl. oz.

   The correct order is:

   _____ _____ _____ _____ _____

5. Convert the following volumes:

   3 tsp. = _____ 6 tsp. = _____ TBSP.

   2 TBSP. = _____ 3 fl. oz. = _____ TBSP.

6. What utensil would be used to measure 5 fluid ounces?

   _____

7. Change the following amounts to household measurements:

   15 ml = _____ TBSP. or _____ fl. oz. 210 cc = _____ fl. oz.

   30 ml = _____ oz. or _____ TBSP. 120 cc = _____ fl. oz.

   5 cc = _____ fl. oz. 75 cc = _____ fl. oz.

   255 cc = _____ fl. oz. and _____ TBSP., or _____ fl. oz.

8. Change the following amounts to metric measurement:

   ½ C. = _____ cc ⅓ fl. oz. = _____ ml

   ½ qt. = _____ cc 1 pt. = _____ cc

   1 qt. = _____ ml 1 ½ pt. = _____ ml

## HOUSEHOLD MEASUREMENT ANSWER SHEET

1. What utensil is used to measure 1 tsp. accurately? measuring spoon

2. What utensil would be used to measure 3 tsp.? tablespoon

3. Write the abbreviation for the household measurements below:
   ounce — oz.
   teaspoon — tsp.
   tablespoon — TBSP. or TBS.

4. Rearrange these measuring units in order from the largest to the smallest units: ½ tsp., 1 TBSP., 1 tsp., ¼ tsp., 1 fl. oz.

   The correct order is:

   1 fl. oz. 1 TBSP. 1 tsp. ½ tsp. ¼ tsp.

5. Convert the following volumes:
   3 tsp. = 1 TBSP. 6 tsp. = 2 TBSP.
   2 TBSP. = 1 oz. 3 fl. oz. = 6 TBSP.

6. What utensil would be used to measure 5 fluid ounces?

   liquid measuring cup with ounce graduations

7. Change the following amounts to household measurements:

   15 ml = 1 TBSP. or ½ fl. oz. 210 cc = 7 fl. oz.
   30 ml = 1 oz. or 2 TBSP. 120 cc = 4 fl. oz.
   5 cc = 1/6 fl. oz. 75 cc = 2½ fl. oz.
   255 cc = 8 fl. oz. and 1 TBSP., or 8½ fl. oz.

8. Change the following amounts to metric measurement:

   ½ c. = 120 cc ⅓ fl. oz. = 10 ml
   ½ qt. = 500 cc 1 pt. = 500 cc
   1 qt. = 1000 ml 1½ pt. = 750 ml

## APPENDIX F: SIGN-UP SHEET

Date of Discussion _____

Topic: Common Hospital Diets

Time of Discussion _____

Diet Manuals

Time of Reports _____

| TOPIC **Regular Diet** | TOPIC **Soft Diet** |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| TOPIC **Full Liquid Diet** | TOPIC **Clear Liquid Diet** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| TOPIC **Diet Manual** | TOPIC |
| 1. | |
| 2. | |
| 3. | |

## GLOSSARY

Competency-based education: Educational programs wherein students are provided with specific required competencies and the criteria for success in advance of instruction. The programs are based on the competencies and tasks needed on-the-job.

Competency: A skill (usually a cluster of tasks) necessary to an occupation; it may be psychomotor or cognitive. It tells an employer what a person can do.

Criterion-referenced: Classifies the students' mastery or non-mastery of an objective, which specifies the performance, the conditions, and the standard or level of performance.

Enabling objective: Specific objective; a behavioral objective which identifies a specific thing that a student must do or must know to accomplish a competency objective successfully.

Evaluation: Assessing process accomplished by many different measurement forms. It may include: written tests; performance tests; peer observation; self-evaluation; instructor observation, using criterion checklists; oral examination; and others.

Feedback: In instructional units it means informing the learner of his/her weaknesses, progress, and successes. Pretests, learning activity answers, and posttests are good examples.

Final exam: A paper and pencil instrument to sample success of knowledge objectives.

Individualized instruction: Presenting instructional activities to students based on giving credit for prior learning, consideration for their interests and preference for learning, and their needs, where students progress at their own pace.

Learning activities: Experiences. Planned actions that students use to assist them in achieving objectives. These are designed for the individual student's needs.

Mastery: A description of performance exhibited by the student that meets the behavior, conditions, and standards as stated in instructional objectives.

Open entry—open exit: A curriculum design allowing learners to enter a program at any time. It allows the learner to work at his/her own pace and to leave when successful in prescribed competencies.

Performance checklist: A student rating form which absolutely matches the performance guide and rates performance as satisfactory or unsatisfactory.

Performance guide: A step-by-step listing of necessary actions in a task.

Performance objective: Specific statements of behavior the learner must be able to demonstrate under specified conditions and criterions (standards).

Posttest: Self-check method for students to determine if they have mastered a competency. This unit uses posttests for knowledge areas and peer evaluation, using performance guides for the skill areas.

Prerequisites: Certain competencies expected of students before they attempt to start studying objectives of another unit of instruction.

Pretest: A test given a student before studying a new unit to define what s(he) already knows.

Resource: Sources of information for the student to use in studying the unit, that is, books, audiovisuals, and practice kits.

Skills: Competency components; the abilities to perform specified tasks well (satisfactory).

Unit of instruction (module): A packet of student materials which includes instructions, objectives, learning activities, pretests, posttests, etc.

Unit objective: Competency objective; a comprehensive behavioral objective which specifies a major skill. A unit objective may be written for one task or a group of tasks.

V-TECS catalog — *Licensed Practical Nurse*: An up-to-date guide for developing competency-based practical nursing curricula. This book has been developed by the Vocational-Technical Education Consortium of States and contains performance objectives (tasks), as well as the criterion-referenced measure and performance guide for each task.

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# Assisting with Nutritional Needs

## Option A

A PRODUCT OF THE
VOCATIONAL INSTRUCTIONAL MATERIALS DEVELOPMENT SYSTEM

Published by:
Career Education Center, Florida State University

Sponsored by:
Florida Department of Education
Ralph D. Turlington, Commissioner of Education
Division of Vocational Education

For further information, contact:
Dissemination/Diffusion Coordinator
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Bureau of Research, Dissemination, and Evaluation
Division of Vocational Education
Knott Building
Tallahassee, FL 32304

This public document was promulgated at a cost of $1,647.61, or $1.647 per copy, to provide students with competency-based instructional materials on assisting with nutritional needs.

DVE 12/78/1,000

# Assisting with Nutritional Needs

## Option A

State of Florida, Department of Education
Ralph D. Turlington, Commissioner of Education
Tallahassee, Florida

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December, 1978

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# Assisting with Nutritional Needs Option A

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## INTRODUCTION

When you received this unit of instruction and glanced at the title, what did "Assisting with Nutritional Needs" mean to you? How did you interpret the word *assisting?* Another word for it could be *helping.* Or did you interpret it to mean *giving support* or *offering aid* in some way?

You were right on all accounts because persons who are ill will usually need some type of help in meeting their nutritional needs. It may be only the offering of pleasant conversation or a little encouragement when there is no desire to eat, but it could mean a lot more.

As a practical nurse, you are a key person in assisting with meeting nutritional needs. You will learn to be observant, you will listen, and you will comfort, encourage, and teach your patients the value of good nutrition. You will also learn new skills to help meet the needs of your patients.

**New skills to be learned in this unit:**

Serving and Removing the Tray
Feeding the Patient
Measuring and Recording Intake

**Prerequisites for this unit:**

Handwashing
Body Mechanics
Positioning the Patient
Communication—Verbal and Nonverbal

**Time allotment:**

Approximately 6-8 hours

## STUDENT INSTRUCTIONS

This option relies heavily on the direction and guidance of the instructor and active participation by class members.

The Pretest was given well in advance of your studying this area so your instructor could plan meaningful Learning Activities for you.

Your instructor will set a time limit for completing this unit. Use your time wisely. When not involved in class activities, take command of yourself—set goals and time limits. Make every minute count! The amount of work you complete in class hours will influence the hours of work you'll have to do at home.

Your instructor will introduce you to why you'll study the unit and what you will be doing. Your goals (objectives) will be reviewed briefly; new terms and abbreviations will be pronounced; and a tentative class schedule of planned activities will be presented.

Flag all activities that are prerequisite to lectures, group discussions, or roleplays, to ensure adequate preparation. Keep your class schedule available for easy reference.

This option is designed to constantly let you know that you are progressing toward your goals. Most answers to Learning Activities are included in the resources listed. Other answers can be found on the Learning Activities Answer Sheet in this booklet.

When you have completed the Learning Activities, take the Posttest. After completing the Posttest, check your answers with those on the Posttest Answer Sheet. Review any areas you are weak in before signing up for the Mastery Evaluations. You may wish to ask your instructor for assistance.

The mastery criteria for this unit are a score of at least 75 percent on a written test and a Satisfactory rating on all items on each Performance Checklist.

When you have completed the Mastery Evaluations, your instructor will give you further directions.

**REMEMBER:** Your instructor is your partner and is always ready to assist you in reaching your goals!

## RESOURCES

### Instructor

Introduction of Unit
Lecture
Demonstration
Group Discussion
Workshop

### Audiovisuals

Trainex Filmstrips:
(1) *Feeding the Patient*
(2) *Intake and Output*
(3) *Household Measurements*

### Readings

Culver, Vivian. *Modern Bedside Nursing*, 8th Edition. Philadelphia: W. B. Saunders, 1974, Chapter 25, p. 260; Chapter 26, pp. 262-264, 270; Chapter 32, p. 377; Appendix I, p. 728.

Dictionary (Standard)

Diet Manuals

Kerschner, Velma. *Nutrition and Diet Therapy for Practical Nurses*, 2nd Edition. Philadelphia: F. A. Davis Co., 1976, Unit 1, pp. 3-5; Unit 13, pp. 131-135 (disregard Table 11).

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Wood, Lucile, and Rambo, Beverly J. *Nursing Skills for Allied Health Services*, 2nd Edition. Philadelphia: W. B. Saunders Co., 1977, Unit 16, pp. 332-337; Unit 17, pp. 346-358; Unit 18, pp. 368-370 (disregard all information on Output and Feeding Children).

### Worksheets

Personal Food and Liquid Intake Record

Audiovisual Guides:
(1) *Feeding the Patient*
(2) *Intake and Output*
(3) *Household Measurements*

Performance Checklists:
(1) *Serve Tray, Feed Patient, Remove Tray*
(2) *Measure and Record Intake and Output*

Intake and Output Records

### Optional Tools

Crossword Puzzle
Abbreviation Bingo
Prontape: Assisting with Nutritional Needs

### Kit

Hospital Container Measurement Kit

## OBJECTIVES

The purpose of this unit is to enable you to develop the knowledge and skills necessary to assist in meeting the nutritional needs of an adult patient.

Mastery of this unit is determined in two ways: you must take a final exam on the knowledge areas (Objectives 1-10) and obtain a score of no less than 75 percent to be successful; you must also be evaluated on skills to be learned in this unit (Objectives 11-13) and rate Satisfactory on all items on each Performance Checklist.

After completing the unit, you will be able to do the following:

1. Define, spell, and pronounce a given list of terms and abbreviations related to assisting the adult patient with nutritional needs.
2. Compare the roles of the practical nurse, the dietary personnel, and the physician in meeting the nutritional needs of the patient.
3. Identify at least five physical and five environmental factors that influence the patient's appetite, and describe the appropriate nursing action.
4. Identify how the nurse can assist in serving food and helping patients eat; explain the reason(s) for each action.
5. Given a list of foods, identify which of four common hospital diets each food belongs to.
6. Describe five responsibilities the practical nurse has to the patient who is on a modified diet.
7. Given two specific diet situations and a diet manual, demonstrate the ability to use the manual in determining the appropriateness of all foods served on each diet.
8. Given a list of nutritional items, identify those that should be included as oral fluid intake.
9. Given situations wherein fluid intake was measured using common household measurement, convert measurements to metric measure and record accurately on the Intake and Output (I & O) record.
10. Given nutritional situations, identify, report, and/or record all appropriate information.
11. Assigned an adult and provided with a food tray, serve the food and, after the person has finished eating, remove the tray. Performance on all items on the Performance Checklist must be Satisfactory.
12. Assigned an adult and provided with the prescribed diet, feed the person correctly, using proper equipment and supplies, and report appropriate information. Performance on all items on the Performance Checklist must be Satisfactory.
13. Assigned an adult and provided with an I & O record, measure and record the person's fluid intake on the I & O record for a period of time designated by the instructor. All measurements must be recorded using metric measurement and totaled without error at the end of the designated period. Performance on all items on the Performance Checklist must be Satisfactory.

## LEARNING ACTIVITIES

### Objective 1

1. This list contains words soon to become a part of your daily communications. During the introduction of the unit, your instructor, together with the class, will pronounce the following list of terms and abbreviations. As this is done, place an asterisk (*) beside those you have problems pronouncing; you will want to come back to these.

   Write in the definitions as you complete your reading assignments. Use the medical or standard dictionary to look up those words not found in your readings and/or those needing further explanation.

   Clear liquid diet:

   Diet:

   Environmental:

   Force fluids:

   Full liquid diet:

   Hospital (house) diets:

   Menu:

   Nutrition:

**Nourishments:**

**Oral:**

**Oral fluid intake:**

**Physical:**

**Regular diet:**

**Restricted fluids:**

**Soft diet:**

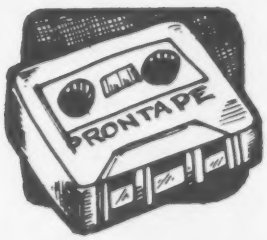
**Therapeutic diet:**

**Thirst:**

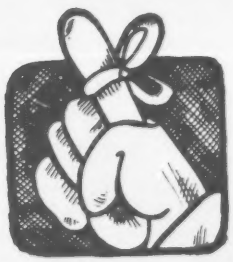
2. **These abbreviations will be helpful in reporting and recording your nursing observations. Most patient care facilities have a standard list of abbreviations. Define the following list of common abbreviations as you encounter them in your Learning Activities. One of these is already defined for you.**

| ABBREVIATION | MEANING | ABBREVIATION | MEANING |
|---|---|---|---|
| a.c. | | liq. | |
| ad lib | | L. | |
| amt. | | ml | |

| ABBREVIATION | MEANING | ABBREVIATION | MEANING |
|---|---|---|---|
| A.M. | | NPO | |
| cc | | oz. or | |
| fl. or fld. | | p.c. | |
| FF | force fluids | p.o. | |
| $H_2O$ | | P.M. | |
| I & O | | tsp. | |
| lb. | | TBSP. or TBS. | |




3. If you find you need more practice and guidance in pronunciation, get the prontape (a pronunciation tape made by the instructor) and a practice tape for this unit from your instructor. Record your pronunciations on the practice tape and then listen to the correct pronunciation on the prontape to check yourself. Practice your spelling also.

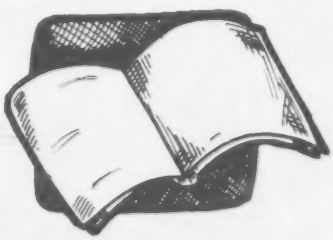


**REMEMBER! AT THE COMPLETION OF THIS UNIT, YOU WILL BE EXPECTED TO DEFINE, SPELL, AND PRONOUNCE ALL ABBREVIATIONS AND WORDS LISTED.**

4. When you go to the clinical area, start using the new terms and abbreviations whenever possible. This will help you to remember them and make reporting and recording easier for you. Effective communication takes lots of practice and experience.

**Objective 2**

Although a well person almost always meets his or her own nutritional needs, when a person becomes ill this is not true. Many persons and/or departments in a health care facility may become involved in meeting the nutritional needs of a patient.



5. Read Kerschner, *Nutrition and Diet Therapy for Practical Nurses*, Unit 1, pp. 3-5.

Compare the roles of the following as they relate to the nutritional needs of the patient by listing the responsibilities of each.

Physician:

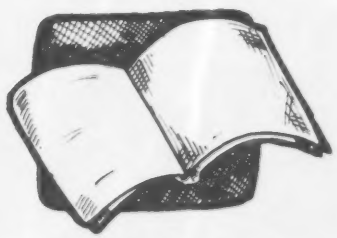
Dietary department personnel:

Practical nurse:

**Objective 3**

6. What influences your appetite? Do you always have a good appetite? Is it average or poor? Does it change from day to day? If so, why? In the spaces provided on the left, list some factors that you think affect your appetite. One possible influence is already listed for you.

| FACTORS INFLUENCING APPETITE | PHYSICAL OR ENVIRONMENTAL |
|---|---|
| Exercise | P |
| | |
| | |
| | |
| | |

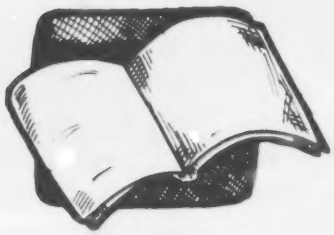


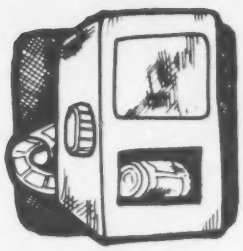
7. Check your responses in Learning Activity 6 with the reading in Culver, *Modern Bedside Nursing*, p. 260. Try to decide whether factors you have listed are environmental or physical in nature. Place an E to the right of those influences you believe to be environmental and a P to the right of those you believe to be physical.

8. Now consider the factors that influence a sick person's appetite. Try to list ten factors on the chart below and classify each one as either P for physical or E for environmental. Check your entries with those on the Learning Activities Answer Sheet.

| FACTOR | E/P | NURSING ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| FACTOR | E/P | NURSING ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |





**Objectives 4, 11, and 12**

9. Before attending the lecture on serving trays and feeding the patient, read Wood and Rambo, *Nursing Skills for Allied Health Services*, Unit 16, pp. 333-337; Unit 18, pp. 368-370; and Culver, *Modern Bedside Nursing*, pp. 270 and 377. After completing your readings, return to the chart in Learning Activity 8 and describe the nursing action that eliminates or compensates for each factor in meeting the patient's nutritional needs. You may also be able to add more factors to your list.

   During the scheduled lecture, the filmstrip *Feeding the Patient* will be shown. Use the appropriate Audiovisual Guide provided in this unit to record important information.

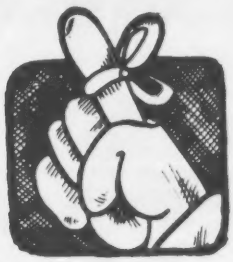
10. After the lecture, attend the teacher demonstration on serving trays and feeding patients. Be sure to bring the appropriate Performance Checklist (p. A25) to the demonstration with you. It will help you follow the presentation. If you are uncertain about anything covered here, ask questions now.

11. Find a partner and practice serving trays and feeding patients. Use the Performance Checklist (p. A25) to help you remember the important principles. Swap roles of the nurse and the patient to get practice and an opportunity to experience the feelings of a patient.

12. You will be assigned to participate in a feeding roleplay with classmates. Your instructor will announce the group members, the feeding situation, and time of roleplays. The following situations will be used:
    a. Blind woman who is not allowed out of bed
    b. Eighty-year-old man whose left side is paralyzed
    c. Young man with back surgery who must not have head elevated

d. Teenage girl who is on full liquid diet because of a wired fractured jaw
e. Elderly lady who is out of bed to eat and may feed herself
f. Confused man whose bed rails must be up at all times
g. Young lady who has two fractured arms

Each group will be responsible for demonstrating the proper serving and feeding techniques in the laboratory. Be prepared to explain all nursing actions.

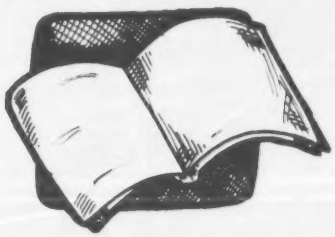


**REMEMBER! YOU SHOULD CONTINUE TO PRACTICE UNTIL YOU CAN SERVE THE TRAY, FEED THE PATIENT, AND REMOVE THE TRAY SATISFACTORILY ACCORDING TO THE PERFORMANCE CHECKLIST.**

*Have a classmate evaluate you before asking your instructor for an evaluation.*

**Objectives 5 and 7**

13. Sign up for a group discussion on common hospital diets and the diet manual. Your instructor will post the sign-up form well in advance.



Read Culver, *Modern Bedside Nursing*, Chapter 26, pp. 262-264; Wood and Rambo, *Nursing Skills for Allied Health Services*, Unit 16, p. 332; and Kerschner, *Nutrition and Diet Therapy for Practical Nurses*, pp. 131-135 (disregard Table 11), before meeting with your group.

After reading the references, you should be well prepared for the discussion. Each diet group will give a five-minute oral report to the class directly following the discussion. The oral reports should include: characteristics of the diet—foods allowed and foods prohibited.

Write all information on the following chart:

| DIET | CHARACTERISTICS | FOODS ALLOWED | FOODS PROHIBITED |
|---|---|---|---|
| Regular (House) | | | |
| Soft (Light) | | | |

| DIET | CHARACTERISTICS | FOODS ALLOWED | FOODS PROHIBITED |
|---|---|---|---|
| Full Liquid | | | |
| Clear Liquid (Surgical) | | | |

14. After the group discussions are completed, cover the chart on diets that you made in Learning Activity 13, close your books, and try to answer the following questions. When you have finished, check your answers for accuracy with your chart and references.

a. What is the difference between foods in a soft diet and those in a regular diet?

_____

b. What is the major disadvantage of a liquid diet?

_____

c. Which two diets are nutritionally inadequate and why?

_____

d. Give another name for the clear liquid diet. _____

Why is it given this name? _____

_____

15. As the group discusses and demonstrates the use of the diet manual, write down the important information. Use the space provided here.

_____

_____

_____

16. A diet manual is a very valuable resource for the nurse. It is used to determine appropriateness of foods served and/or requested. Therefore, the ability to use the manual properly is important. After the group discussions are completed, practice using some of the diet manuals in the classroom laboratory to find specific information.

    Answer the following questions:

    a. Is milk allowed on a low residue diet? _____
    b. Should pepper be on a bland diet tray? _____
    c. Does a fat-free diet include whole milk? _____
    d. Is cooked cereal allowed on a full liquid diet? _____

    Continue working with the manual until you are certain how to use it.

17. Your instructor will arrange for you to demonstrate your ability to use the diet manual. You will be given two specific diet problems to solve.

18. Identify on which common hospital diet(s) you would find the following list of foods. Place an *X* in each applicable diet area. The foods may be found on more than one diet type or none at all. Use the diet manual or other resources to check your answers. The first food is classified for you.

| FOOD | Regular Diet | Soft Diet | Full Liquid Diet | Clear Liquid Diet | None |
|---|---|---|---|---|---|
| French fried potatoes | | | | | X |
| Custard | | | | | |
| Ginger ale | | | | | |
| Jello | | | | | |
| Creamed chicken soup | | | | | |
| Chicken broth | | | | | |
| Lasagna | | | | | |

| FOOD | Regular Diet | Soft Diet | Full Liquid Diet | Clear Liquid Diet | None |
|---|---|---|---|---|---|
| Bran flakes | | | | | |
| Chicken noodle soup | | | | | |
| Chili | | | | | |
| Milk | | | | | |
| Applesauce | | | | | |
| Apple (fresh) | | | | | |

**Objective 6**

19. House diets are usually only modified in consistency and for ease of digestion. However, therapeutic diets may include modification of the nutrients as well. As a practical nurse, you have definite responsibilities regarding such therapeutic diets. Based on your readings in Kerschner, *Nutrition and Diet Therapy for Practical Nurses*, pp. 131-135, list these responsibilities:

a. _____

b. _____

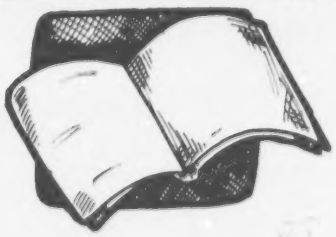
c. _____

d. _____

e. _____

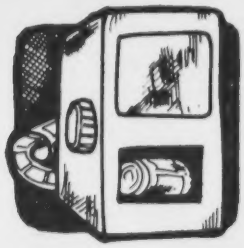
**Objectives 8, 9, and 13**

The body gains its required fluid in various ways. One way is called *oral intake*. What does this mean? Does oral fluid intake include solid food or just liquids? How do we know how much liquid we consume? By measuring, of course. Until now you have used cups, quarts, ounces, etc., but now you will be introduced to metric measurement. All intake is recorded using the metric system.



20. Before the scheduled class workshop on intake, you should have read Wood and Rambo, *Nursing Skills for Allied Health Sciences*, Unit 17, pp. 346-358. You *will not* be held responsible for information on output in this unit.

21. A day or two before the workshop, you should record your total food and liquid intake for a full 24-hour period, in household measurements. Record the measurements in Column I of the Personal Food and Liquid Intake Record. Bring this worksheet to the workshop; you will need it for one of the Learning Activities.



22. During the workshop, you will be given an opportunity to view the filmstrips *Intake and Output* and *Household Measurements.* Record important points you should remember on the appropriate Audiovisual Guides provided in this unit.

23. Using your definition of *oral fluid intake,* try to determine the nutritional items that should be recorded on the I & O record. The instructor will lead a discussion on this list at the workshop. You may learn more about others then. Add them to this list.

24. **Another activity planned for the workshop will involve working with the Hospital Container Measurement Kit. Using the measurement graduates and the proper conversion method, you will develop the following table by recording the amount each type of container holds in household measurement and converting the household measurement to metric measurement.**

---

HOSPITAL CONTAINER CAPACITY TABLE

| Container | Household Measurement | Metric Measurement |
|---|---|---|
| Soup bowl | | |
| Large paper cup | | |
| Coffee cup | | |
| Medicine glass | | |
| Coffee creamer container | | |
| Small juice cup | | |
| Ice cream carton | | |
| Sherbet container | | |
| Coca Cola bottle | | |
| Jello container | | |
| Water pitcher | | |
| Teapot | | |
| Milk carton | | |
| Ginger ale can | | |
| Tablespoon | | |
| Teaspoon | | |

**When you have completed the exercise, check your answers with those on the Learning Activities Answer Sheet. It will be necessary for you to have the correct answers before beginning the Learning Activity 25.**

25. Now calculate the following amounts in metric measurement, using the Hospital Container Capacity Table you developed in Learning Activity 24.

    a. Adam took 4 tsp. of chipped ice. _____
    b. Adelaide drank a whole carton of milk. _____
    c. Jack left 2 oz. of coffee from a total of 2 cups poured. He used two creamers. _____
    d. Ruth left 5 oz. in a ginger ale can. _____
    e. Andrew drank all but 12 oz. from his $H_2O$ pitcher. _____
    f. The total these people drank was: _____
    g. Show how you would convert the total amount
    (1) to oz._____ (2) to cc_____

    Check all your answers with those on the Learning Activities Answer Sheet.

26. You will be given some problems in intake calculation at the workshop and will use the three model Intake and Output Records at that time. Be sure that you have them with you.

27. After class, try to calculate the following intake situations without outside help. Record all items of intake accurately, and total each situation. Work with your Hospital Container Capacity Table again.

**SITUATION A: Soft diet**

**Breakfast:**
2 soft-boiled eggs, 1 piece of toast, small dish of applesauce, large cup of milk, pot of tea _____

Nourishment:
Jello _____

**Lunch:**
sliced chicken, mashed potatoes, squash, one-half carton of ice cream and 2 cookies, small tomato juice cup, cup of coffee (used 2 creamers) _____

Nourishment:
1 1/2 large paper cups of milkshake _____

Total _____

**SITUATION B: Regular diet**

**8 A.M.:**
2 cups of coffee (black), small grapefruit juice cup, French toast with 2 oz. of syrup, 2 slices of bacon, 1/2 bowl of Rice Krispies with 3 oz. of milk _____

**Noon:**
roast beef, peas, creamed potatoes, Jello, cookies, tossed salad, 1 piece of bread and butter, pot of tea _____

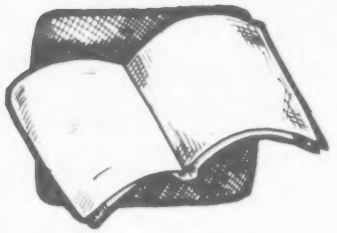
**2 P.M.:**
half-filled water pitcher with 1 large cup of water left in it _____

Total _____

When you have calculated the intake for each situation, check your answers with those on the Learning Activities Answer Sheet.

**REMEMBER! CONTINUE WORKING WITH INTAKE UNTIL YOU HAVE MASTERED THE PROCEDURE! BE CERTAIN TO USE THE APPROPRIATE PERFORMANCE CHECKLIST (p. A27) WHEN PRACTICING. YOU SHOULD BE ABLE TO COMPLETE ALL STEPS OF THE PROCEDURE SATISFACTORILY.**

Have a classmate observe you before you ask your instructor to evaluate you.



### Objective 10

28. Complete all required readings and refer to Price, *A Handbook and Charting Manual*, Chapter IX, pp. 161-162. Then make a list of dietary intake observations that should be reported or recorded. Use the space provided below. Check your list with the one on the Learning Activities Answer Sheet to see if you listed all appropriate observations.

29. After reading through the following situation, try to list those observations that should be reported or recorded, and identify what kind of information it is (for example, soft diet information).

**SITUATION:** Adam has gout and his physician has placed him on a low purine diet. For lunch, Adam orders macaroni salad with some crackers as his main dish, Jello for dessert, and tea to drink. After you feed him a few bites of the salad, he becomes nauseated and requests some tea. However, after a few sips he complains of a great deal of pain in his stomach and refuses the rest of his diet. He is on intake and output.

| OBSERVATIONS | EXPLANATION |
|---|---|
| | |

Check your answers with those on the Learning Activities Answer Sheet.

After you have checked your answers, go on to take the Posttest, which starts on p. A39.

## AUDIOVISUAL GUIDE

**Filmstrip:** *Feeding the Patient*

1. Patients' appetites are often affected by _____ and _____ _____.
2. The nurse should try to stimulate the sick person's appetite as much as possible by:

3. The patient's diet is prescribed by the _____.
4. List the four standard diets and briefly describe each.

   a. _____

   b. _____

   c. _____

   d. _____

5. Special diets are standard diets altered to satisfy special needs of the patient. Name three:

   a.

   b.

   c.

6. The nurse can provide for the patient's physical comfort and a relaxed mental attitude before serving the tray by:

7. List the two times the tray is checked and how.
   a.

   b.

8. Patients who have to be fed feel dependent, helpless, and burdensome. List ways to minimize these feelings.

9. Describe how you would assist the patient who is blind.

10. In general, what observations should be reported and/or recorded?

## AUDIOVISUAL GUIDE

**Filmstrip:** *Household Measurements*

1. List the four measuring spoon sizes from the smallest to the largest size.

   a.

   b.

   c.

   d.

2. The abbreviation for *teaspoon* is _____ and is written in _____ letters.
3. A scant teaspoonful is described as a teaspoon _____ full. It is an approximation of a measure called a(n) _____.
4. The abbreviation for *tablespoon* is _____ or _____ and is written in _____ letters.
5. 1 Tablespoon = _____ _____ tsp.
6. The abbreviation for fluid ounce is _____.
7. 1 oz. = _____ TBSP.
8. 1 measuring cup = _____ fl. oz.

   **REMEMBER!**
   Fluids should be measured in _____ because teacups, mugs, glasses, etc., differ in size and amounts.

9. You should memorize two formulas:

   a. One _____ or _____ = 1/1000 of a liter, and is used to measure fluid.

   b. One household ounce = _____ ml or cc used for amounts up to _____ fl. oz.

10. 1/2 fl. oz. = _____ cc/ml or _____ TBSP.

    1 tsp. = _____ TBSP. or _____ ml/cc.

Now in the space provided do the three converting problems given on the filmstrip tape.

Problem 1

**Problem 2**

**Problem 3**

## AUDIOVISUAL GUIDE

**Filmstrip:** *Intake and Output*

1. The normal body gets its fluid supply from:
   a.
   b.
   c.
2. The body loses fluid through:
   a.
   b.
   c.
   d.
3. Normal daily fluid intake is approximately _____;
   normal daily fluid output is approximately _____.
4. What causes edema?

5. An increased output without an increased intake can result in _____.
6. What is measured and recorded as intake?
   a.
   b.
   c.
   d.
7. What is measured and recorded as output?
   a.
   b.
   c.
   d.
8. How often are intake and output totaled?

9. **List responsibilities of the nurse in caring for a patient on intake.**

10. _____ **can be an indication of fluid balance.**

## PERFORMANCE CHECKLIST

•SKILLS:

SERVE TRAY
FEED PATIENT
REMOVE TRAY

| | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| **Served Tray** | | | | |
| 1. Made provisions for patient's urination and/or bowel movement. | | | | X |
| 2. Washed own hands. | | | | |
| 3. Washed or helped patient wash his/her hands, face, and mouth. | | | | X |
| 4. Positioned patient for eating in bed. | | | | |
| 5. Positioned overbed table. | | | | |
| 6. Straightened room, removing such items as bedpans and urinals and providing pleasant atmosphere. | | | | |
| 7. Washed own hands. | | | | |
| 8. Checked food tray against physician's order and patient's identification band. | | | | |
| 9. Carried food tray to overbed table with both hands, being careful not to spill tray's contents. | | | | |
| 10. Placed food tray in front of patient and removed covers from food tray. | | | | |
| 11. Placed food and utensils in conventional positions. | | | | |
| 12. Placed napkin to protect patient's clothing and bed linens. | | | | |
| 13. Told sightless patient what foods were served and their placement on food tray. | | | | |
| 14. Provided any further assistance needed by the patient before the meal. | | | | |
| **Fed Patient** | | | | |
| 15. Positioned self in good body alignment at the patient's level. | | | | |

*•Student must rate Satisfactory on all items.*

| | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| 16. Tested hot food on inside of own wrist and cooled food, if necessary. | | | | |
| 17. Gave patient moderate bites of food, asking what order of foods the patient prefers. | | | | |
| 18. Handled patient's straw at midpoint and helped patient use napkin appropriately. | | | | |
| 19. Alternated liquids and solids as patient requested (1:3 or 1:4). | | | | |
| 20. Fed patient slowly, giving him/her enough time to prevent his/her choking. | | | | |
| 21. Encouraged patient to consume sufficient quantity of solids and liquids. | | | | |
| 22. Engaged patient in pleasant conversation. | | | | |
| Removed Tray | | | | |
| 23. Observed what patient ate and drank. | | | | |
| 24. Removed napkin, overbed table, and food tray. | | | | |
| 25. Made provisions for patient's urination and/or bowel movement. | | | | X |
| 26. Washed or helped patient wash his/her hands, face, and mouth. | | | | X |
| 27. Left patient in good body alignment, with the bed positioned appropriately. | | | | |
| 28. Left call signal in patient's reach and bed rails up, if necessary. | | | | |
| 29. Reported and/or recorded observations, using correct pronunciation and correct spelling. | | | | |

## PERFORMANCE CHECKLIST

*SKILL: MEASURE AND RECORD INTAKE AND OUTPUT

| | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| **Measured and Recorded Intake and Output** | | | | |
| 1. Determined if patient is on I & O. | | | | |
| 2. Provided for proper equipment (graduate, I & O record, conversion table, pencil). | | | | |
| 3. Instructed patient to record own intake; provided pencil and record. | | | | |
| 4. Instructed patient to record own output; provided pencil and record. | | | | X |
| 5. Explained procedure to patient, using correct pronunciation of terms. | | | | |
| 6. Posted I & O sign at patient's bedside. | | | | |
| 7. Measured and calculated water pitcher contents correctly; calculated patient's $H_20$ intake accurately. | | | | |
| 8. Measured other intake accurately; used list of measurements (if available). | | | | |
| 9. Measured output accurately. | | | | X |
| 10. Converted measurements to ml or cc. | | | | |
| 11. Recorded intake (meals, snacks) in correct sequence on I & O record. | | | | |
| 12. Recorded output in correct sequence on I & O record. | | | | X |
| 13. Made appropriate comments regarding patient's perspiration/incontinence. | | | | X |
| 14. Calculated and entered correct totals for designated period. | | | | |
| 15. Recorded totals on patient's chart. | | | | |

*Student must rate satisfactory on all items.

# PERSONAL FOOD AND LIQUID INTAKE RECORD

| (Column I) FOODS OR LIQUIDS | (Column II) DIETS | | | | |
|---|---|---|---|---|---|
| | Regular | Soft | Full Liquid | Clear Liquid | None |
| Breakfast | | | | | |
| A.M. break | | | | | |
| Lunch | | | | | |
| P.M. break | | | | | |
| Dinner | | | | | |
| Evening snacks | | | | | |

# INTAKE AND OUTPUT RECORD

**NAME:**

**ROOM:**

**DOCTOR:**

| Intake | Output |
|---|---|
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## INTAKE AND OUTPUT RECORD

**NAME:**

**ROOM:**

**DOCTOR:**

| Intake | Output |
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## INTAKE AND OUTPUT RECORD

**NAME:**

**ROOM:**

**DOCTOR:**

| Intake | Output |
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## LEARNING ACTIVITIES ANSWER SHEET

*L. A. 8*

Your list might have included any of the following:

Environmental factors—Hurried, rushed appearance of personnel; attitudes of personnel; untidy or dirty rooms or utensils; unpleasant roommate; food not served attractively (eye appeal); new foods; snacks; cluttered conditions; improper eating utensils; too much company; temperature too hot or cold; unpleasant odors or objects (as urinal, bedpans, emesis basins); and boredom (no radio, company, magazines, news, etc.).

Physical factors—Pain; disabilities (broken arm, blindness); full bladder; vomiting; nausea; inactivity; fever; poor body alignment; foul-tasting or dry mouth; loose dentures or missing teeth; headache; constipation; anxiety; worry; crying; and depression.

*L. A. 24*

HOSPITAL CONTAINER CAPACITY TABLE

| Container | Household Measurement | Metric Measurement |
|---|---|---|
| Soup bowl | 4 2/3 oz. | 140 cc |
| Large paper cup | 6 oz. | 180 cc |
| Coffee cup | 5 oz. | 150 cc |
| Medicine glass | 1 oz. | 30 cc |
| Coffee creamer container | 1 oz. | 30 cc |
| Small juice cup | 3 1/3 oz. | 100 cc |
| Ice cream carton | 3 oz. | 90 cc |
| Sherbet container | 4 oz. | 120 cc |
| Coca Cola bottle | 8 oz. | 240 cc |
| Jello container | 2 1/2 oz. | 75 cc |
| Water pitcher | 25 oz. | 750 cc |
| Teapot | 9 oz. | 270 cc |
| Milk carton | 8 oz. | 240 cc |
| Ginger ale can | 12 oz. | 360 cc |
| Tablespoon | 1/2 oz. | 15 cc |
| Teaspoon | 1/6 oz. | 5 cc |

*L. A. 25*

a. $4 \text{ tsp.} \times \frac{5 \text{ cc}}{\text{tsp.}} = 20 \text{ cc}$

b. $8 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = 240 \text{ cc}$

c. $\left(2 \text{ cup} \times \frac{150 \text{ cc}}{\text{cup}}\right) + \left(2 \text{ creamers} \times \frac{30 \text{ cc}}{\text{creamer}}\right) = 360 \text{ cc}$

$360 \text{ cc} - \left(2 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}}\right) = 300 \text{ cc}$

d. $12 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = 360 \text{ cc}$

$360 \text{ cc} - \left(5 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}}\right) = 210 \text{ cc}$

e. $25 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = 750 \text{ cc}$

$750 \text{ cc} - \left(12 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}}\right) = 390 \text{ cc}$

f. $20 \text{ cc} + 240 \text{ cc} + 300 \text{ cc} + 210 \text{ cc} + 390 \text{ cc} = 1160 \text{ cc}$

g. (1) $1160 \text{ cc} \div \frac{30 \text{ cc}}{\text{oz.}} = 38\ 2/3 \text{ oz.}$

(2) $38\ 2/3 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}}$ or $\frac{116}{1} \times \frac{10}{1} = 1160 \text{ cc}$

*L.A. 27*

| SITUATION A | | SITUATION B | |
|---|---|---|---|
| milk | 180 cc | coffee | 300 cc |
| tea | 270 cc | grapefruit juice | 100 cc |
| Jello | 75 cc | syrup | 60 cc |
| ice cream | 45 cc | milk | 90 cc |
| tomato juice | 100 cc | Jello | 75 cc |
| coffee + 60 cc of creamer | 150 cc | tea | 270 cc |
| milkshake | 270 cc | $H_2O$ pitcher | 195 cc |
| Total | 1150 cc | Total | 1090 cc |

*L. A. 28*

Kind of diet
Hour meal is served
How well patient ate—appetite condition (good, fair, poor)
Refusal—if so why
Nourishments
Diet order changes
Sips and ice chips—when taken and if retained
Likes and dislikes
Attitude toward diet
Any discomfort with eating
Amount of assistance needed
Fatigue during or after meal
Interference with eating
Servings—proper size
Unusual observations

*L. A. 29*

| OBSERVATIONS | EXPLANATION |
|---|---|
| Low purine diet | (Type of diet) |
| Noon | (Time of meals) |
| Fed few bites | (Degree of assistance, appetite) |
| Nauseated, stomach pain | (Abnormal; reason for refusal) |
| Refused diet | (Attitude) |
| Tea, few sips only | (On I & O) |

**HAVE YOU COMPLETED ALL LEARNING ACTIVITIES IN THIS OPTION?**

If you have, go on to the Posttest. Take the test as you would any other exam. Read questions carefully and answer all items you are able to. Don't guess. Then, check your answers against the posttest answer sheet only after you have completed the entire test.

## POSTTEST

**DIRECTIONS:**
Read each question carefully. You will need a diet manual to answer Item 11. After completing the entire Posttest, check your answers with the Posttest Answer Sheet.

*(Obj. 1)*

1. Define the terms that are underlined in the following sentences.
   House diets in hospitals most often include the regular, soft, full liquid, and clear liquid diets. Some nourishments can be included as oral fluid intake.

*(Obj. 1)*

**2. The statement below contains some common abbreviations. In the proper spaces following the statement, write the meaning of the underlined abbreviations.**

**The amt. (a) of liq. (b) should be recorded in cc (c) (ml) (d)**

**and not in ʒ (e), tsp. (f), TBSP. (g), or lbs. (h). The doctor also changed**

**the order from fl. (i) ad lib (j) to FF (k) this A.M. (l)**

**a.** **b.**

**c.** **d.**

**e.** **f.**

**g.** **h.**

**i.** **j.**

**k.** **l.**

*(Obj. 2)*

**3. Compare the role of the following three types of health workers in meeting a patient's nutritional needs by describing the responsibilities of each.**

**a. Practical nurse:**

**b. Physician:**

**c. Dietary department personnel:**

*(Obj. 3)*

4. Cross out the physical factors affecting appetite that you find in the following list:
   Hurried and rushed appearance of personnel, painful arm, nausea, loose teeth, cold room, urinal on overbed table, headache

*(Obj. 3)*

5. Given five environmental factors that influence a patient's appetite, describe the applicable nursing action(s).

   a. Critical roommate:

   b. Boredom:

   c. Warm, dark, and stuffy room:

   d. Unpleasant odors and objects:

   e. Tray unattractive, food cold:

*(Obj. 4)*

6. What three nursing actions should be used to prevent burns when serving food to the patient?

   a.

   b.

   c.

*(Obj. 4)*

7. List three reasons for feeding an adult patient.

   a.

   b.

   c.

*(Obj. 4)*

8. **In what three ways can you position a patient to help him/her sit up for meals?**

a. _____

b. _____

c. _____

*(Obj. 5)*

9. **Which of the four common diets could the following foods be served on? Place an *X* in the proper diet blocks; the first food is checked for you.**

| FOOD | DIETS | | | |
|---|---|---|---|---|
| | Regular | Soft | Full Liquid | Clear Liquid |
| Milk | X | X | X | |
| Corn on the cob | | | | |
| Coffee with cream | | | | |
| Fresh orange juice | | | | |
| Chopped beef | | | | |
| Tea with lemon | | | | |
| Mashed potatoes | | | | |
| Consomme | | | | |
| Jello | | | | |
| Ice cream | | | | |
| Ginger ale | | | | |

*(Obj. 6)*

10. **The practical nurse has responsibilities to the patient when his/her normal diet must be modified. List these responsibilities.**

**The nurse should:**

a. _____

b. _____

c. _____

d. _____

e. _____

_____

*(Obj. 7)*

11. **SITUATION:** Nancy's physician has placed her on a low residue diet today. She requested brown rice, roast chicken with gravy, peas, and a cucumber salad for her meal this evening. She received strained peas, boiled chicken, and white rice. She received milk yesterday while on a regular diet, but it has been omitted from this tray. She asks you for an explanation. Using a diet manual as your resource, answer the following questions:

    a. How would you explain these changes to Nancy?

    b. What can she substitute for the milk?

    c. You noticed her cucumber salad is also missing. Explain this change to Nancy.

*(Obj. 8)*

12. Circle the **T** if the following statements are completely true, and **F** if false or incomplete.

    **T F** a. A well person gets his/her fluid supply from metabolism of food—the fluids s(he) drinks and the foods s(he) eats.

    **T F** b. Oral fluid intake includes all foods that turn to liquid at body temperature.

    **T F** c. Chocolate ice cream would not be counted as oral fluid intake.

    **T F** d. Ice chips and water are both included in oral fluid intake.

*(Obj. 9)*

13. **Convert the following amounts to metric measurement and total the patient's liquid intake. Show your calculations in the space provided and enter the total here. _____**

**SITUATION:**

**2 oz. of juice left of 4 oz. served**
**5 oz. of coffee taken**
**1 TBSP. of cream left of 1 oz. served**

*Calculation Space*

*(Obj. 9)*

14. **Given the following food intake situation:**
    a. **List all food items you would record on the I & O record.**
    b. **Calculate the amount, converting to metric measurement as necessary.**
    c. **Enter the total amount recorded. Do your calculations in the space provided.**

**SITUATION:** **Joan received a regular diet consisting of the following foods: 2 eggs with 3 slices of bacon, a 9-oz. pot of coffee, two 1-oz. creamers, 120 cc of orange juice, oatmeal, and an 8-oz. carton of milk. When you removed the tray, you observed that half the milk had been left. After measuring the remainder of the juice, you found there was 1 oz. left. Joan stated she also had a full 8-oz. glass of $H_2O$.**

| ITEMS | CALCULATIONS | AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL INTAKE _____

*(Obj. 10)*

15. Read the following situation, then in the left-hand column list observations that you would make. List in the right-hand column what you would report or record for each observation.

**SITUATION:** Charles enjoyed his meal (except for the fish), although he complains about the small amount of salad, saying he especially likes big green salads. His doctor has had him on I & O for five days, and he records his own, when he remembers it (nothing on his slip since 8 A.M.). There are spills on his tray, which he explains happened when he spilled the coffee due to his sore right arm.

| OBSERVATION | REPORT/RECORD |
|---|---|
| | |

Use the following answer sheet to check your answers to the Posttest.

## POSTTEST ANSWER SHEET

1. *Regular diet:* Provides adequate nutrition, usually 2000 to 2500 calories. Usually does not include foods causing digestive disturbances (for example, fried foods or highly seasoned foods).

   *Soft diet:* Provides adequate nutrition, about 1800 to 2000 calories. Is low in cellulose (foods with little or no fiber). May include chopped and strained foods. Is mechanically easy to eat and digest.

   *Full liquid diet:* Is adequate for maintenance only, about 1300 to 1500 calories. It is usually used for a limited time only. Is composed of foods that become liquids at room or body temperature and are usually in liquid or semiliquid form. Is often used postoperatively, for infections, dysphagia, acute digestive conditions, etc.

   *Clear liquid diet:* Also known as a surgical liquid diet. Is mostly water, sugar, and flavors. Since it has minimum residue, is not an adequate diet. Used to relieve thirst and prevent dehydration and start peristalsis in postoperative patients. Contains clear liquids only—no milk.

   *Nourishments:* Extra foods, usually liquids, given between meals to supplement the diet.

   *Oral fluid intake:* All foods that turn to liquid at room or body temperature.

2. a. amount
   b. liquid
   c. cubic centimeters
   d. milliliters
   e. ounce
   f. teaspoon
   g. tablespoon
   h. pounds
   i. fluids
   j. freely, as desired
   k. force fluids
   l. morning

3. a. Practical nurse: Receives dietary order from physician, observes patient's dietary behavior, serves trays, feeds or assists with eating, sometimes removes trays, reports and records observations, teaches patients, and gives explanations as necessary.
   b. Physician: Assesses patient's nutritional status; prescribes diet.
   c. Dietary department personnel: Carries out dietary prescriptions by planning appropriate menu, preparing and sometimes serving the diet, and removing trays.

4. Cross out *painful arm, nausea, loose teeth,* and *headache.*

5. a. Screen patient for privacy. Check possibility of a transfer to another room.
   b. Suggest TV. Make arrangements for family or friends to visit at mealtime. Try to drop by for a short conversation at patient's mealtime. Suggest and help secure reading materials for patient.
   c. Open blinds; adjust temperature; spray room; and improve ventilation, if possible.
   d. Remove cause if possible. Use room deodorizer. Clear away unsightly and unpleasant objects.
   e. Warm or replace food. Make corrections in arrangement of items on the tray before serving it. Consult dietary personnel about food's appearance if you can't improve it.

6. Test temperature of fluids on inside of wrist (don't blow on food); pour out hot liquids so they can cool slightly, if necessary; warn patient of hot dishes and liquids; and add ice to liquids to cool them rapidly.
7. Disabilities like broken arms, sightlessness (from blind or bandaged eyes), weakness, confusion.
8. Raise head of bed up; help patient to sit on side of bed; help patient to sit in chair.
9. Ice cream, coffee with cream, and orange juice are on all but clear liquid diet.
   Corn on the cob is only on regular diet.
   Chopped beef and mashed potatoes are on regular and soft diets.
   Tea with lemon, ginger ale, Jello and consommé are on all diets.
10. a. Know what the diet prescription consists of.
    b. Understand what the diet is to accomplish.
    c. Be aware of the patient's reaction to a diet.
    d. Be aware of the patient's home situation and problems the diet may cause there.
    e. Understand what happens to the body as a result of the condition it is treated for.
11. a. Nancy is now on a low residue diet. On this diet the foods should be bland, easily digested, and nonirritating to the digestive tract. The diet restricts her intake of milk, fruits, and vegetables.
    b. Carbonated beverages, tea, coffee, bouillon, or broth.
    c. Vegetables with tough skins, fibers, and seeds are foods excluded from a low residue diet.
12. a. True
    b. True
    c. False
    d. True

13. Juice $4 \text{ oz.} - 2 \text{ oz.} = 2 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = \ldots\ldots$ 60 cc

    Coffee $5 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = \ldots\ldots$ 150 cc

    Cream $\left(1 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}}\right) - \left(1 \text{ TBSP.} \times \frac{15 \text{ cc}}{\text{TBSP.}}\right) = \ldots\ldots$ 15 cc

    TOTAL 225 cc

14. Coffee $9 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = \ldots\ldots$ 270 cc

    Creamers $2 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = \ldots\ldots$ 60 cc

    Orange juice $120 \text{ cc} - \left(1 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}}\right) = \ldots\ldots$ 90 cc

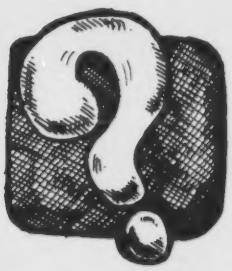
    Milk $\left(8 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}}\right) - 120 \text{ cc} = \ldots\ldots$ 120 cc

    Water $8 \text{ oz.} \times \frac{30 \text{ cc}}{\text{oz.}} = \ldots\ldots$ 240 cc

    TOTAL 780 cc

15.

| OBSERVATIONS | REPORT/RECORD |
|---|---|
| Didn't enjoy fish, complained about small salad | Dislikes fish, likes large green salads |
| Nothing on I & O record since 8 A.M. | Patient forgetful in recording I & O |
| Spills on tray, sore right arm | Sore arm interferes with self-feeding<br>Recorded intake with patient's help |



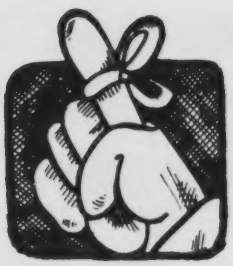
**HOW DID YOU DO?** You must be concerned with those items that you were unable to answer correctly.

Each item refers to a specific Objective. Therefore, return to the Objective and the corresponding Learning Activities to review the information.

See your instructor for guidance when necessary and continue to study until you are able to respond to all test items correctly.

# MASTERY EVALUATION

**ARE YOU READY? IF NOT, REVIEW YOUR MATERIALS BEFORE THE MASTERY EVALUATIONS.**



**REMEMBER! MASTERY EVALUATIONS INCLUDE A WRITTEN FINAL EXAM AND SKILL EVALUATIONS.**

**YOU MUST ATTAIN A MINIMUM OF 75 PERCENT ACCURACY ON THE WRITTEN FINAL EXAM AND RATE SATISFACTORY ON ALL ITEMS ON EACH PERFORMANCE CHECKLIST IN ORDER TO SUCCESSFULLY COMPLETE THIS UNIT.**

Your instructor will advise you of the date and time for the final written exam.

When you have practiced your skills sufficiently and are ready, arrange with your instructor for evaluation of all skills listed for this unit.

# Assisting with Nutritional Needs

## Option B

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# Assisting with Nutritional Needs

## Option B

State of Florida, Department of Education
Ralph D. Turlington, Commissioner of Education
Tallahassee, Florida

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December, 1978

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# Assisting with Nutritional Needs

# Option B

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## INTRODUCTION

When you received this unit of instruction and glanced at the title, "Assisting with Nutritional Needs," what did it mean to you? How did you interpret the word *assisting*? Another word for it could be *helping*. OR did you interpret it to mean *giving support* or *offering aid* in some way?

You were right on all accounts because persons who are ill usually need some type of help in meeting their nutritional needs. It may be only the offer of pleasant conversation or a little encouragement when there is no desire to eat, but it could mean a lot more.

As a practical nurse, you are a key person in assisting with meeting nutritional needs. You will learn to be observant, you will listen, and you will comfort, encourage, and teach your patient the value of good nutrition. You will also learn new skills to help meet the needs of your patients.

**New skills to be learned in this unit:**

Serving and Removing the Tray
Feeding the Patient
Measuring and Recording Intake

**Prerequisites for this unit:**

Handwashing
Body Mechanics
Positioning the Patient
Communication—Verbal and Nonverbal

**Time allotment:**

To be discussed with instructor at time of Learning Activities assignment.

## STUDENT INSTRUCTIONS

This option is designed for you to work as independently as possible, but you must try to complete the work within the time limits set by your instructor. Read through the Objectives. They are like signposts; they tell you what you need to be able to do.

If you feel you already know the information, take the Pretest. Your instructor will check it for accuracy. If you are successful on the Pretest, your instructor will arrange for the Mastery Evaluations.

The mastery criteria for this unit are a score of at least 75 percent on a written test and a Satisfactory rating on all items on each Performance Checklist.

When you have completed the Mastery Evaluations, your instructor will give you directions for further study.

If you are not successful on the Pretest, or if you do not wish to challenge out the unit, read through the Learning Activities. See your instructor regarding any activities you don't understand and to plan which Learning Activities you are expected to complete.

After you are certain that you understand what is expected of you, begin to work through the Learning Activities. These can be studied in any order, but you must complete all activities assigned to you. This option is designed to give you constant reassurance of progress. Most answers to Learning Activities are found in the resources listed. Check the Learning Activities Answer Sheet for answers that you cannot find in the resources.

After completing the Learning Activities, take the Posttest. You may check your answers with those on the Posttest Answer Sheet. Review any areas you are weak in before taking the Mastery Evaluations. You may wish to ask your instructor for assistance.

When you are ready, arrange with your instructor to take the Mastery Evaluations.

**REMEMBER:** Your instructor is your partner and always ready to assist you in reaching your goals!

## RESOURCES

**Instructor**

Demonstration
Activity as a Resource Person

**Audiovisuals**

AVT Slidetape Program:
(1) *Assisting with Eating*
(2) *Fluid Intake and Output*

Trainex Filmstrips:
(1) *Feeding the Patient*
(2) *Intake and Output*
(3) *Household Measurements*

**Readings**

Culver, Vivian. *Modern Bedside Nursing,* 8th Edition. Philadelphia: W. B. Saunders, 1974, Chapter 25, p. 260; Chapter 26, pp. 262-264, 270; Chapter 32, p. 377; Appendix I, p. 728.

Dictionary (Standard)

Diet Manuals

Kerschner, Velma. *Nutrition and Diet Therapy for Practical Nurses,* 2nd Edition. Philadelphia: F. A. Davis Co., 1976, Unit 1, pp. 3-5; Unit 13, pp. 131-135 (disregard Table 11).

Miller, Benjamin, and Keane, Claire. *Encyclopedia and Dictionary of Medicine and Nursing.* Philadelphia: W. B. Saunders, 1972.

Price, Alice. *A Handbook and Charting Manual for Student Nurses,* 5th Edition. St. Louis: C. V. Mosby Co., 1971, Chapter IX, pp. 161-162, 191-192.

Wood, Lucile A. and Rambo, Beverly J. *Nursing Skills for Allied Health Services,* 2nd Edition. Philadelphia: W. B. Saunders Co., 1977, Unit 16, pp. 332-337; Unit 17, pp. 346-358; Unit 18, pp. 368-370 (disregard all information on Output and Feeding Children).

**Worksheets**

Personal Food and Liquid Intake Record

Audiovisual Guides:
(1) *Feeding the Patient*
(2) *Intake and Output*
(3) *Household Measurements*

Performance Checklists:
(1) Serve Tray, Feed Patient, Remove Tray
(2) Measure and Record Intake and Output

**Optional Tools**

Crossword Puzzle
Abbreviation Bingo
Prontape: Assisting with Nutritional Needs

**Kit**

Hospital Container Measurement Kit

## OBJECTIVES

The purpose of this unit is to enable you to develop the knowledge and skills necessary to assist in meeting the nutritional needs of an adult patient.

Mastery of this unit is determined in two ways: you must take a final exam on the knowledge areas (Objectives 1-10) and obtain a score of no less than 75 percent to be successful; you must also be evaluated on skills to be learned in this unit (Objectives 11-13) and rate Satisfactory on all tasks on each performance checklist.

After completing the unit, you will be able to do the following:

1. Define, spell, and pronounce a given list of terms and abbreviations related to assisting the adult patient with nutritional needs.
2. Compare the roles of the practical nurse, the dietary personnel, and the physician in meeting the nutritional needs of the patient.
3. Identify at least five physical and five environmental factors that affect the patient's appetite, and describe the appropriate nursing action.
4. Identify how the nurse can assist in serving food and helping patients eat; explain the reason(s) for each action.
5. Given a list of foods, identify which of four common hospital diets each food belongs to.
6. Describe five responsibilities the practical nurse has to the patient who is on a modified diet.
7. Given two specific diet situations and a diet manual, demonstrate the ability to use the manual in determining the appropriateness of all foods served on each diet.
8. Given a list of nutritional items, identify those that should be included as oral fluid intake.
9. Given situations wherein fluid intake was measured using common household measurement, convert measurements to metric measure and record accurately on the Intake and Output (I & O) record.
10. Given nutritional situations, identify, report, and/or record all appropriate information.
11. Assigned an adult and provided with a food tray, serve the food and, after the person has finished eating, remove the tray. Performance on all items on the Performance Checklist must be Satisfactory.
12. Assigned an adult and provided with the prescribed diet, feed the person correctly, using proper equipment and supplies, and report appropriate information. Performance on all items on the Performance Checklist must be Satisfactory.
13. Assigned an adult and provided with an I & O record, measure and record the person's fluid intake on the I & O record for a period of time designated by the instructor. All measurements must be recorded using metric measurement and totaled without error at the end of the designated period. Performance on all items on the Performance Checklist must be Satisfactory.

## PRETEST

DIRECTIONS:
Read each question carefully. Answer as many questions as you can. **Do not guess.** You will need a diet manual to answer Item 13.

*(Obj. 1)*

1. Define the following terms:

a. Oral fluid intake

b. Nutrition

c. Soft diet

d. Physical

e. Full liquid diet

f. Thirst

g. Clear liquid diet

h. Therapeutic diet

*(Obj. 1)*

**2. Define the following abbreviations:**

a. FF

b. cc

c. ℥

d. a.c.

e. ad lib

f. NPO

g. p.c.

h. p.o.

i. TBS. or TBSP.

j. I & O

*(Obj. 2)*

**3. We know the physician prescribes a diet after assessing the patient's nutritional status. Now compare your role as a practical nurse with that of the dietary department personnel by listing the responsibilities of each.**

a. Dietary department personnel

b. Practical nurse

*(Obj. 3)*

**4. List five environmental factors that may affect the patient's appetite.**

a.

b.

c.

d.

e.

123

*(Obj. 3)*

5. **Explain the appropriate nursing action for the following factors that influence patients' appetites.**

   a. **Disability (one broken arm)**

   b. **Nausea and vomiting**

   c. **Fever with dry mouth**

   d. **Full bladder, on I & O**

   e. **Inability to get out of bed**

*(Obj. 4)*

6. **What are three things the nurse can do to assist the blind person in eating?**

   a.

   b.

   c.

*(Obj. 4)*

7. **What are three nursing actions that could prevent the patient from choking during the feeding precedure?**

   a.

   b.

   c.

*(Obj. 4)*

8. **Explain how the nurse ensures that the right patient receives the right diet for proper nourishment.**

   a.

   b.

   c.

*(Obj. 5)*

9. **Circle the foods in the following lists that would not be found on a soft diet.**

| | |
|---|---|
| Jello | bran flakes |
| fresh apple | fish |
| cream of celery soup | bologna |
| French fried potatoes | cooked beets |
| cottage cheese | veal |
| toast | citrus sections without membrane |

*(Obj. 5)*

10. **Circle all foods in the following lists that are allowed on a full liquid diet.**

| | |
|---|---|
| tomato juice | cranberry juice |
| ginger ale | preserves |
| coffee with cream | clear broth |
| mashed bananas | eggnog |
| milkshake | soft-boiled eggs |

*(Obj. 5)*

11. **Circle food items from the following lists that could be served on a clear liquid diet.**

| | |
|---|---|
| tomato juice | cranberry juice |
| ginger ale | preserves |
| coffee with cream | clear broth |
| mashed bananas | eggnog |
| milkshake | soft-boiled eggs |

*(Obj. 6)*

12. **List five responsibilities the practical nurse has to a patient who is on a modified diet.**
    **The practical nurse should:**

    a.

    b.

c.

d.

e.

*(Obj. 7)*

13. **SITUATION:** Charles is a diabetic. His tray has just arrived with the following contents: baked ham, scalloped potatoes, asparagus, bread with one pat of butter, tossed salad, tea with lemon and sugar, and Jello for dessert. He does not like Jello and has requested ice cream in its place.

    Answer the following questions regarding the above situation (use a diet manual as your source of information):

    a. Can Charles replace Jello with ice cream? _____

    b. Can he have everything served on his tray? _____

    c. Could you do anything to meet his request? _____

    Explain your answer.

*(Obj. 8)*

14. Circle the **T** if the statement is completely true, and **F** if it is false.

    **T F** a. All food items on the full and clear liquid diets may be included as oral fluid intake.

    **T F** b. Watermelon is mostly water and is appropriately included and recorded as oral fluid intake.

    **T F** c. Oral fluid intake includes all foods that turn to liquid at body temperature.

    **T F** d. Ice chips are included in oral fluid intake.

*(Obj. 9)*

15. Mary enjoyed a breakfast that included 6 oz. of milk, two 5-oz. cups of coffee, and a 4-oz. glass of juice.

    Convert her oral intake to metric measurement and total the amount. Show your calculations in the space provided and insert your answer here . _____

    *Calculation Space*

*(Obj. 10)*

16. **Robin is on a full liquid diet. She is a fussy eater and takes only some of everything. This morning she was served:**
    **8 oz. of milk; there is 3 1/3 oz. left.**
    **4 oz. of juice; there is 1 oz. left.**
    **4 2/3 oz. of broth; there is 2 1/6 oz. left.**
    **5 oz. of tea; she drank the whole cup.**
    **Two 1-oz. creamers; one-half of one creamer is left.**
    **Calculate the oral fluid intake, showing your work in the space provided. Enter the total on the line provided.**

    *Calculation Space*

    **Robin's total oral intake was** _____.

*(Obj. 10)*

17. **Read the following situation, then list the observations that you would make in the left-hand column. List what you would report or record for each observation in the right-hand column.**
    **SITUATION: Jim had been served a regular diet. As you removed his tray later, you noted that he left all of the meat and most of the baked potato and tossed salad. He drank all his milk and coffee and ate his ice cream. When you inquired about foods remaining, he said: "They didn't give me my dentures; and besides, the doctor is mostly interested in my**

drinking a lot for my fever. He said I should keep track of it." You glanced up to see an I & O record at the head of his bed.

| OBSERVATIONS | REPORT/RECORD |
|---|---|
| | |

**Did you answer all the items that you could?** Do not rush. Take the time to review each item. Then take the test to your instructor to check it for you.

## LEARNING ACTIVITIES

In a previous unit, you learned about verbal and nonverbal communication. You recall, it included what you say, the spoken word, and what you don't say but project through your posture, facial expressions, gestures, etc.

The practical nurse also uses many different types of written communication, which you will gradually be exposed to during the program. In this unit, one of the things you will be introduced to is abbreviations.

Did you know that most patient care facilities have an accepted list of standard abbreviations that are helpful to a nurse when recording observations?

The following list contains some more common ones used in recording information on nutritional needs. You probably already know some of these, but you will need to know all of them at the completion of this unit.

### Objective 1

1. Keep this list handy as you complete your Learning Activities. Many of the following abbreviations will be explained and you'll want to write down the meanings as you discover them. One of these is already defined for you.

| ABBREVIATION | MEANING | ABBREVIATION | MEANING |
|---|---|---|---|
| a.c. | | liq. | |
| ad lib | | L. | |
| amt. | | ml | |
| A.M. | | NPO | |
| cc | | oz. or ℥ | |
| fl. or fld. | | p.c. | |
| FF | force fluids | p.o. | |
| $H_2O$ | | P.M. | |
| I & O | | tsp. | |
| lb. | | TBSP. or TBS. | |

2. **Here is a list of new terms for this unit. Write the definitions in as you encounter them in completing your reading assignments. Use the medical or standard dictionary to look up only those you did not find, or, if necessary, for further explanation of a text definition.**

**Clear liquid diet:**

**Diet:**

**Environmental:**

**Force fluids:**

**Full liquid diet:**

**Hospital (house) diets:**

**Menu:**

**Nutrition:**

**Nourishments:**

**Oral:**

**Oral fluid intake:**

**Physical:**

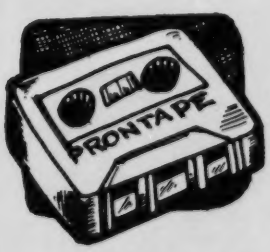
**Regular diet:**

**Restricted fluids:**

**Soft diet:**

**Therapeutic diet:**

**Thirst:**




3. Can you pronounce all the abbreviations and terms? If not, you may want to get the prontape (a pronunciation tape made by the instructor) for this unit and listen to the correct pronunciations (side 1). When you think you are ready, have a classmate listen to you pronounce the words on both lists.

   OR

   You may want to pronounce each word on a practice tape and then listen to the prontape again to check yourself.

4. Practice spelling all words and abbreviations. Improving your spelling is very important; spelling errors reflect on you personally. You should make it a habit to list words you misspell, then zero in on learning the correct spelling.

Find a partner and take a spelling test to be certain you know your material.

OR

You can turn the prontape over (side 2) and take the spelling test alone. Check your spelling with the lists of terms and abbreviations in Learning Activities 1 and 2.

5. If you like games, sign out Abbreviation Bingo. Get some classmates and have fun learning abbreviations that will help you in recording nutritional information.
6. The Crossword Puzzle in this booklet may help you learn your definitions and abbreviations. Check the Crossword Puzzle Answer Sheet for the correct answers.
7. When you go to the clinical area, start using the new terms and abbreviations whenever possible. This will help you to remember them and make reporting and recording easier for you. Effective communication takes lots of practice and experience.

**REMEMBER! UPON COMPLETION OF THIS UNIT, YOU MUST BE ABLE TO DEFINE, SPELL, AND PRONOUNCE ALL ABBREVIATIONS AND TERMS CORRECTLY.**

**Objective 2**

8. Although a well person almost always meets his or her own nutritional needs, when the person becomes ill this is not true. Many persons and/or departments in a health care facility may become involved in meeting the nutritional needs of a patient.

Read Kerschner, *Nutrition and Diet Therapy for Practical Nurses*, Unit 1, pp. 3-5.

Based on this information, compare the roles of the following in meeting the patient's nutritional needs by listing the responsibilities of each.

Physician:

Dietary department personnel:

Practical nurse:

**Objective 3**

9. Try to think back over the past week. Have you had a good appetite every day? How about yesterday? Use the following chart to record the type of appetite (good, average, poor) you had yesterday. Now do the same for today and keep this record for a total of three days. Try to determine what influenced your appetite each day and write your thoughts down. Then, compare your list to that of one of your classmates. Did you have the same reasons? Did you learn more influences by comparing lists?

| DAYS | DATE | TYPE OF APPETITE | WHAT INFLUENCED THE AMOUNT I ATE? |
|---|---|---|---|
| Day 1 | | | |
| Day 2 | | | |
| Day 3 | | | |

Check your factors with those referred to in Culver, *Modern Bedside Nursing*, p. 260.

When you become ill, the factors affecting appetite will increase. Some will be physical, pertaining to the body, and others will be environmental, originating outside the body—from your surroundings.

10. Try to imagine yourself just admitted to a very messy and cluttered room in the hospital. It's noon and you have a broken right arm (it is your dominant arm) that really hurts. You are

not allowed out of bed (OOB), but really need to go to the bathroom. The nurse just left you a full liquid diet, which is out of reach. She said you had a fever and then hurried on her way to feed another patient. Your family will be in later on this evening. In the space provided below, try to list factors that might be affecting your appetite. Try to place them under the appropriate classification.

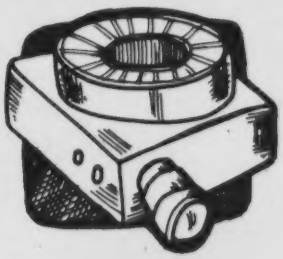
| ENVIRONMENTAL | PHYSICAL |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Check your list of factors with the list of physical and environmental factors on the Learning Activities Answer Sheet. How many apply to this situation? Can you think of others now? Did you list the influences in the proper category? Study the list of influences and then, on your next clinical experience, be especially aware of these factors and others you discover. When you find others, you should add them to your list in the proper category.

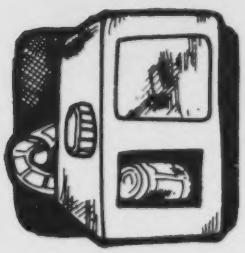
11. After you have prepared yourself by reading Culver, *Modern Bedside Nursing*, pp. 270 and 377, and Wood and Rambo, *Nursing Skills for Allied Health Services*, Unit 16, pp. 333-337, try to list the proper nursing action(s) for each of the following factors. Check your answers with those listed on the Learning Activities Answer Sheet.

| FACTOR | NURSING ACTION |
|---|---|
| Headache | |
| Right arm in cast | |
| Blindness | |
| Hot, very bright room | |
| Boredom | |

**Objectives 4, 11, and 12**

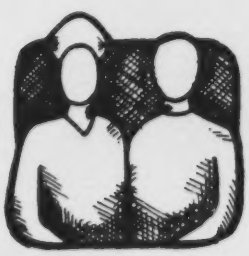


12. Now, obtain the AVT slidetape program *Assisting with Eating*. Take the program to a study carrel or another appropriate area. Complete the self-instructional program. If you have any questions while completing the program, confer with your instructor. Repeat any area, if necessary. Return the program to the proper place when you are finished.



13. You may also want to use the Trainex filmstrip *Feeding the Patient*. If you use it, complete the Audiovisual Guide in this unit as you view the filmstrip. Return the filmstrip program to its proper place when you are finished.

14. A teacher demonstration followed by roleplays on feeding the patient and serving the tray will be held in the classroom laboratory on _____ (check on laboratory schedule for date and time). You are encouraged to attend. Be sure to bring the appropriate Performance Checklist (p. B39) with you. It will help you learn the essential steps of the procedure.



15. Locate a classmate with whom you can practice in the laboratory at your convenience. Be certain to utilize the Performance Checklist (p. B39) during practice and swap roles of nurse and patient—it is a valuable experience to know how the patient feels. A third person could be the evaluator in the experience.

You may wish to continue your practice outside the school. Often students have someone at home willing to be the patient for a feeding experience (don't overlook convenient resources—they promote practice). If you have had experience feeding adults, you may not need to practice as much as someone who has never fed anyone in his/her whole life.

**REMEMBER! YOU SHOULD CONTINUE TO PRACTICE UNTIL YOU CAN SERVE THE TRAY, FEED THE PATIENT, AND REMOVE A TRAY SATISFACTORILY ACCORDING TO ALL ITEMS ON THE PERFORMANCE CHECKLIST.**

Have a classmate observe you before you ask your instructor to evaluate you.

**Objective 5**

What is a diet? Have you ever been on a diet? How many kinds are there? There are any number you could mention. Even well people can be on a diet of some sort. How many can you think of? Jot them down here.

_____

_____

_____

_____

Others you might have heard about might include *fad, vegetarian, liquid protein, natural,* and others. So we know there are any number of variations or modifications of a normal diet. You will study about many of these during your nursing program.

In this unit only four common hospital diets are focused on.

16. **Read Culver,** *Modern Bedside Nursing,* **Chapter 26, pp. 262-264; Wood and Rambo,** *Nursing Skills for Allied Health Services,* **Unit 16, p. 332; Kerschner,** *Nutrition and Diet Therapy for Practical Nurses,* **pp. 131-135 (disregard Table 11). Based on these references, you should be able to complete the chart that follows.**

| DIET | CHARACTERISTICS | FOODS ALLOWED | FOODS PROHIBITED |
|---|---|---|---|
| **Regular (House)** | | | |
| **Soft (Light)** | | | |
| **Full Liquid** | | | |
| **Clear Liquid (Surgical)** | | | |

17. Now try to answer the following questions:
    a. Common hospital diets are normal diets modified in two ways. List the two modifications.

    _____ and _____

    b. What are the other names that may be used to refer to the regular diet? _____

    _____

    c. List the advantages of a soft diet. _____

    _____

    _____

    d. Which two diets are nutritionally adequate? _____

    _____

    e. What is another name for the clear liquid diet? _____

    _____

    Why is it given this name? _____

    _____

    Compare the clear liquid diet with the full liquid diet. _____

    _____

18. On the Personal Food and Liquid Intake Record, record the individual foods you ate for one full day. Then, indicate which of the four common hospital diets each food can be served on, by placing an *X* in the appropriate diet space(s). Check your entries with a diet manual or other resources.

### Objective 6

Sometimes the patient's normal diet must be modified in some way. When the nutrients are modified as a method of treating diseases and conditions, this modification may be referred to as the *therapeutic* or *special diet*. When the patient is on a therapeutic diet, the practical nurse has certain responsibilities.

19. Based on the information in Kerschner, *Nutrition and Diet Therapy for Practical Nurses*, pp. 131-132, list the five responsibilities of the practical nurse regarding diet modification.

**The practical nurse should:**

a. _____

b. _____

c. _____

d. _____

e. _____

**Objective 7**

Do you think you'll be a bit anxious when you go to the clinical area to assist with nutritional needs? If your answer is *yes*, jot down a couple of reasons why you feel uneasy.

_____

_____

_____

Your reasons might have included: "I don't feel I know enough to answer the patients' questions"; "I have never fed anyone before"; or "If a patient asks for extra butter or sugar and she is on a special diet, how will I know if she should have it? How can I be sure?"

Whatever your anxieties, REMEMBER, since you are a student nurse, an instructor will always be with you in the clinical area for support when you need it. However, throughout your nursing course, you will be exposed to and encouraged to learn about various resources and how to use them so that you will be prepared when you graduate.

The resource needed for this unit is a diet manual. A diet manual is a standardized diet guide that is available in most patient care facilities, either on the patient units or in the dietary department. This manual will serve you well when you are uncertain about diets.

20. Sample diet manuals are available in the classroom area for you to use in completing this Learning Activity. Look through some manuals and list the type of information found there.

    You may check your entries with the information listed on the Learning Activities Answer Sheet.

_____

_____

_____

_____

_____

_____

_____

21. After you have discovered the basic types of information found in a diet manual, you should practice using the diet manual as you look for answers to the following questions.

    Can a diabetic have Coca Cola? _____

    Is chili allowed on a soft diet? _____

    Explain your answers: _____

    _____

    Are celery sticks allowed on a bland diet? _____

    Can patients on low sodium diets have milk? _____

    Explain your answers: _____

    _____

    Continue working with the manual until you are certain how to use it. You are not expected to know therapeutic diet prescriptions at this time. However, you should know where to find information concerning special diets.

22. When you feel you are ready, ask your instructor to arrange for you to demonstrate your ability to use the diet manual. You will be given two specific diet problems to solve.

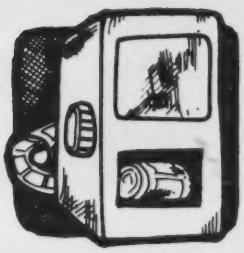
**Objectives 8, 9, and 13**

Would it surprise you to know that over two-thirds of your total body weight is water ($H_2O$) and that it is extremely important to maintain your life? You could live for weeks without food, but only *days* without water! Since the body can't store water, the supply must be replenished daily. We gain our water supply from foods we eat and liquids we drink.

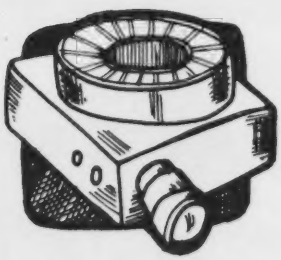
Sometimes the body's fluid balance is altered due to illness, and it becomes very important to record all fluid intake and output (I & O). In this lesson, we will study <u>oral fluid intake.</u> Other sources of fluid intake, such as intravenous (IV) feedings, clysis, and gavage feedings, will be studied later.

**You will not be held responsible for information on output in this unit.**

**23.** To find out more about fluid intake, read Wood and Rambo, *Nursing Skills for Allied Health Sciences,* Unit 17, pp. 346-358 (disregard output information).



**24.** After completing your required readings, obtain the AVT slidetape program *Fluid Intake and Output* and take it to the appropriate area for use. Complete the program. Repeat any areas desired. Return the program when you are finished. See your instructor about any areas that need clarifying..

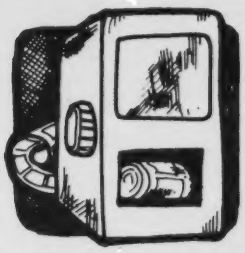


**25.** You may also wish to view the Trainex filmstrip on intake and output. Write out important points while viewing the filmstrip. Use the appropriate Audiovisual Guide. Return the program to its appropriate place when you are finished.

**26.** Use your definition of *oral fluid intake* to decide if each of the food items below is recorded as oral fluid intake. Place an *X* beside the appropriate food items.

| | |
|---|---|
| _____ junket | _____ Jello |
| _____ applesauce | _____ ice cream soda |
| _____ cream of chicken soup | _____ vegetable broth |
| _____ watermelon | _____ onion soup |
| _____ wine | _____ ice cream |
| _____ oatmeal | _____ consommé |
| _____ custard | _____ strained cereal |
| _____ chocolate pudding | _____ puffed rice |
| _____ sherbet | _____ orange |

**After completing the Learning Activity, check your answers with those on the Learning Activities Answer Sheet. You may wish to check the diet manuals to clarify some points.**



27. Look at the filmstrip *Household Measurements.* Use the appropriate Audiovisual Guide to write down facts that you should remember. Then take the Visutest. Using new information immediately helps you remember it.

28. Go to the laboratory and sign out the Hospital Container Measurement Kit. Using the measurement graduates and the proper conversion method, record in household measurements the amount each type of container holds and then convert the household measurements to metric measurements. Use the table provided.

    When you have completed the table, check your answers with those on the Learning Activities Answer Sheet before going on. You will need the correct answers to do the next exercise.

HOSPITAL CONTAINER CAPACITY TABLE

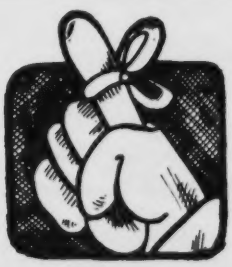
| Container | Household Measurement | Metric Measurement |
|---|---|---|
| Soup bowl | | |
| Large paper cup | | |
| Coffee cup | | |
| Medicine glass | | |
| Coffee creamer container | | |
| Small juice cup | | |
| Ice cream carton | | |
| Sherbet container | | |
| Coca Cola bottle | | |
| Jello container | | |
| Water pitcher | | |
| Teapot | | |
| Milk carton | | |
| Ginger ale can | | |
| Tablespoon | | |
| Teaspoon | | |

29. Now try to convert the following amounts to metric measurement, using the Hospital Container Capacity Table that you developed in Learning Activity 28. After you have completed a-h, check your entries with the answers on the Learning Activities Answer Sheet.
    a. Jim consumed all but 2 oz. of an entire bowl of soup. _____
    b. Charles ate only 2 TBSP. of ice cream. _____
    c. Mary Ann drank all of the tea that was in her teapot. _____
    d. Emma had a cup of coffee with two creamers. _____
    e. Bobby left ½ cup of his milk in the carton. _____
    f. Mary's water pitcher had 1 full glass left in it. _____
    g. Jack mixed his ice cream with his Coke and drank it all. _____
    h. The total these people drank was: _____

30. Using the same Hospital Container Capacity Table and the three situations that follow, record all items of oral fluid intake and total each situation on the I & O record provided for each situation. When you have completed all situations, check your answers using the Learning Activities Answer Sheet.

| **SITUATION A (Regular diet):** | INTAKE | OUTPUT |
|---|---|---|
| **Breakfast:** 2 soft-boiled eggs, 1 piece of toast, small orange juice cup, Rice Krispies and half the milk, cup of coffee (black)<br>**Lunch**: salad, 2 crackers, ½ bowl of pea soup, pot of tea with 2 creamers, watermelon<br>**2 P.M.**: water pitcher has 6 oz. left in it | | |
| **SITUATION B (Full liquid diet):** | INTAKE | OUTPUT |
| **8 A.M.**: ½ bowl of strained cereal, ¾ glass of $H_2O$, small apple juice cup, carton of milk, cup of coffee (black)<br>**10 A.M.**: sherbet and glass of $H_2O$<br>**12 Noon**: bowl of clear broth, small cranberry juice cup, strawberry Jello, ½ carton of milk, ½ cup of tea with 1 creamer<br>**2 P.M.**: ice cream with 1 oz. left, pitcher of $H_2O$ with 100 cc left in it (all $H_2O$ consumed from 8 A.M. to 2 P.M. came from a full pitcher served at 7:30 A.M.) | | |

| **SITUATION C (Clear liquids till noon; then NPO, except ice chips):** | INTAKE | OUTPUT |
|---|---|---|
| **8 A.M:** ½ bowl of broth served with 50 cc left, dish of Jello, ½ glass of $H_2O$<br>**9:30 A.M:** small apple juice cup<br>**11 A.M:** 1½ cups of tea (clear)<br>**12 Noon:** from 1 large glass of packed ice chips, patient took chips as desired for 2 hrs.<br>**2 P.M:** 2 oz. of $H_2O$ left in ice glass | | |



**REMEMBER! YOU SHOULD CONTINUE WORKING WITH INTAKE UNTIL YOU HAVE MASTERED THE PROCEDURE. PRACTICE YOUR RESPONSIBILITIES FOR I & O, USING THE PERFORMANCE CHECKLIST. YOU MUST BE ABLE TO COMPLETE ALL STEPS SATISFACTORILY.**

Have a classmate evaluate you before asking the instructor for your skill evaluation.

You might try recording your own oral intake for the next few days and have a classmate check your conversion and totals.

**Objective 10**

31. After completing all required readings in Wood and Rambo, *Nursing Skills for Allied Health Services*, Unit 16, pp. 332-337, and referring to Price, *A Handbook and Charting Manual*, Chapter IX, pp. 161-162, make a list of dietary information and observations that should be reported or recorded. Use the space provided.

List of Nutritional Information to Report/Record

32. The following situation will help you learn how to report dietary information and observations. After reading the situation and referring back to your list of nutritional information to record and report, try to underline all information in the situation that you think should be reported and/or recorded. Check your work with the answers on the Learning Activities Answer Sheet.
**SITUATION**: Doris is a 70-year-old woman who is on a low fat diet for weight reduction. She received her lunch tray at noon and ate everything served. However, when you picked up the empty tray, she said she was unhappy because her vegetables had no butter on them and she received grape jelly, which she does not like, for her bread. You noticed she had an open bag of potato chips in her hand and was happily munching these.

33. Try another situation to help you learn what to record when serving meals or nourishments to patients. This time you will record the observation with an explanation of what you are reporting.
**SITUATION**: Jane is an 18-year-old woman who was admitted two days ago with a fractured leg. She was served a regular diet for breakfast at 7:45 A.M. When you stopped by to see how she was doing, you found the tray untouched. She complained of nausea and stated that she couldn't eat breakfast so early in the morning and that the smell of food made her sick. She also asked that you take the tray away; she would have a snack later on. She is on I & O but also refused fluids. She did have two slices of toast and a 6-oz. cup of tea at 10 A.M., which she enjoyed.

| OBSERVATIONS | EXPLANATION |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Compare your lists of observations and explanations to those on the Learning Activities Answer Sheet.

After you have checked your answers, go on to take the Posttest, which starts on p. B49.

## CROSSWORD PUZZLE

DIRECTIONS:

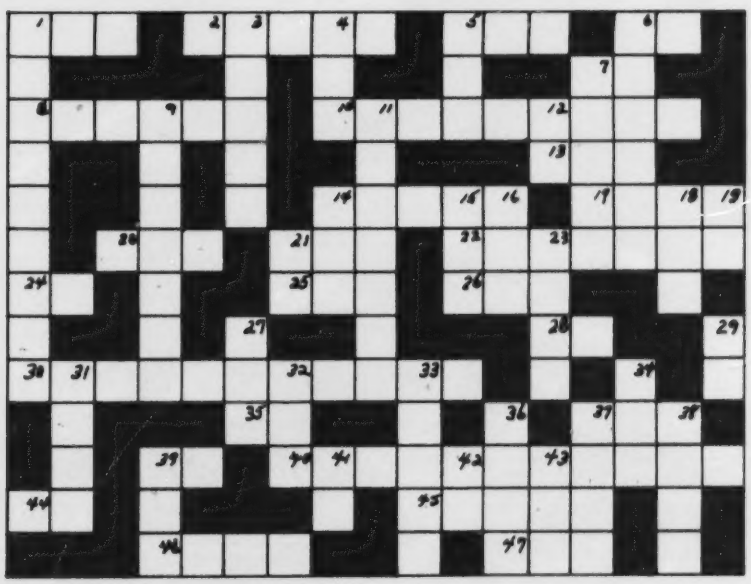
**Have fun learning as you try to fill in all the blank squares using the clues in the two columns (Down, Across).**

*Down*

1. Science of food and its use
3. 1000 cc
4. Notices
5. 16 oz. weight abbreviation (pl.)
6. Light
7. Restrict
9. General or house
11. Edible
12. Sodium symbol
14. Ocean
15. Quantity abbreviation
16. Legal rule
18. Proper identification prevents this
19. I, me, ____and mine
21. One-half quart
23. Diet low in fiber
27. One-third TBSP.
29. Metric measurement
31. By mouth
32. Food causing burns
33. Health worker
34. Butter
36. After spinning
37. Diet with milk added
38. Prescription of food
39. What nursing is
41. Greeting
42. Before the meal
43. Masculine name

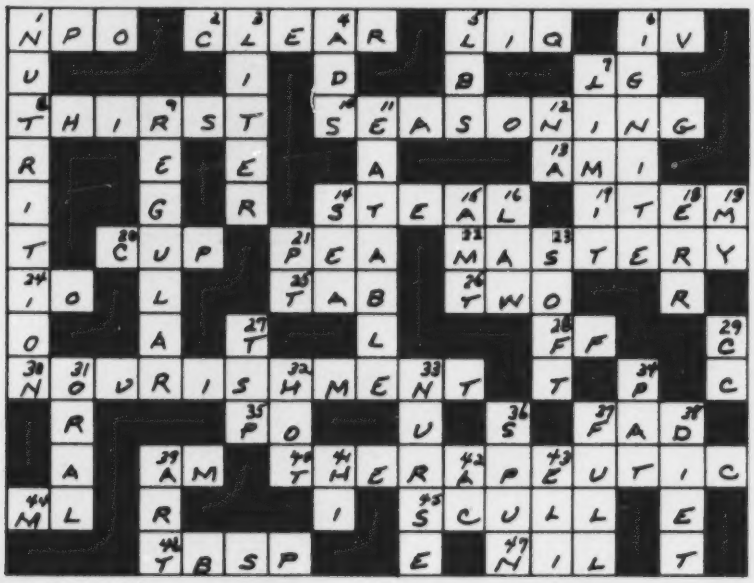
*Across*

1. Nothing orally
2. Liquid Diet
5. A fluid abbreviation
6. Fluids by vein
7. Big
8. Dryness
10. Salt and pepper
13. Friend (French)
14. Take without permission
17. Food item
20. One-half pint
21. ____soup
22. Expert skill and knowledge
24. Fluid measurement
25. Low calorie cola
26. A pair
28. Encourage supplemental fluids
30. Snack or drink
35. Oral
37. Type of diet
39. Mornings
40. Pertains to treatment of disease
44. Cubic centimeter
45. Racing boat with oars
46. One-half ounce
47. Nothing



**Check your answers with those on the Crossword Puzzle Answer Sheet.**

## CROSSWORD PUZZLE ANSWER SHEET


1 N P O C 2 L 3 E A 4 R L 5 I Q I 6 V
U I D B L 7 G
8 T H I R 9 S T S 10 E 11 A S O N 12 I N G
R E E A A 13 M I
I G R S 14 T E A 15 L 16 I 17 T E 18 M 19
T C 20 U P P 21 E A M 22 A S 23 T E R Y
24 I O L T 25 A B T 26 W O R
O A T 27 L F 28 F 29 C
30 N 31 O U R I S H 32 M E N 33 T T P C
R P 35 O U S 36 F 37 A D 38
A A 39 M T 40 H 41 E R A 42 P E 43 U T I C
44 M L R I S 45 C U L L E
T 46 B S P E N 47 I L T

## AUDIOVISUAL GUIDE

**Filmstrip:** : *Feeding the Patient*

1. Patients' appetites are often affected by _____ and _____.
2. The nurse should try to stimulate the sick person's appetite as much as possible by:

3. The patient's diet is prescribed by the _____.
4. List the four standard diets and briefly describe each.

   a. _____

   b. _____

   c. _____

   d. _____

5. Special diets are standard diets altered to satisfy special needs of the patient. Name three.

   a.

   b.

   c.

6. **The nurse can provide for the patient's physical comfort and a relaxed mental attitude before serving the tray by:**

7. **List the two times the tray is checked and how.**

   **a.**

   **b.**

8. **Patients who have to be fed feel dependent, helpless, and burdensome. List ways to minimize these feelings.**

9. **Describe how you would assist the patient who is blind.**

10. **In general, what observations should be reported and/or recorded?**

## AUDIOVISUAL GUIDE

**Filmstrip:** *Household Measurements*

1. List the four measuring spoon sizes from the smallest to the largest size.

   a.

   b.

   c.

   d.

2. The abbreviation for *teaspoon* is _____ and is written in _____ letters.
3. A scant teaspoonful is described as a teaspoon _____ full. It is an approximation of a measure called a(n)_____.
4. The abbreviation for *tablespoon* is _____ or _____ and is written in _____ letters.
5. 1 Tablespoon = _____ tsp.
6. The abbreviation for fluid ounce is _____.
7. 1 oz. = _____ TBSP.
8. 1 measuring cup = _____ fl. oz.

   **REMEMBER!**
   Fluids should be measured in _____ because teacups, mugs, glasses, etc., differ in size and amounts.

9. You should memorize two formulas:
   a. One _____ or _____ = 1/1000 of a liter, and is used to measure fluid.
   b. One household ounce = _____ ml or cc used for amounts up to _____ fl. oz.

10. 1/2 fl. oz. = _____ cc/ml or _____ TBSP.

    1 tsp. = _____ TBSP. or _____ ml/cc.

Now in the space provided do the three converting problems given on the filmstrip tape.

**Problem 1**

**Problem 2**

**Problem 3**

## AUDIOVISUAL GUIDE

**Filmstrip:** *Intake and Output*

1. The normal body gets its fluid supply from:
   a.
   b.
   c.
2. The body loses fluid through:
   a.
   b.
   c.
   d.
3. Normal daily fluid intake is approximately _____; normal daily fluid output is approximately _____.
4. What causes edema?

5. An increased output without an increased intake can result in _____.
6. What is measured and recorded as intake?
   a.
   b.
   c.
   d.
7. What is measured and recorded as output?
   a.
   b.
   c.
   d.
8. How often are intake and output totaled?

9. **List responsibilities of the nurse in caring for a patient on intake.**

10. **_____ can be an indication of fluid balance.**

## PERFORMANCE CHECKLIST

| *SKILLS:<br>SERVE TRAY<br>FEED PATIENT<br>REMOVE TRAY | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| **Served Tray** | | | | |
| 1. Made provisions for patient's urination and/or bowel movement. | | | | X |
| 2. Washed own hands. | | | | |
| 3. Washed or helped patient wash his/her hands, face, and mouth. | | | | X |
| 4. Positioned patient for eating in bed. | | | | |
| 5. Positioned overbed table. | | | | |
| 6. Straightened room, removing such items as bedpans and urinals and providing pleasant atmosphere. | | | | |
| 7. Washed own hands. | | | | |
| 8. Checked food tray against physician's order and patient's identification band. | | | | |
| 9. Carried food tray to overbed table with both hands, being careful not to spill tray's contents. | | | | |
| 10. Placed food tray in front of patient and removed covers from food tray. | | | | |
| 11. Placed food and utensils in conventional positions. | | | | |
| 12. Placed napkin to protect patient's clothing and bed linens. | | | | |
| 13. Told sightless patient what foods were served and their placement on food tray. | | | | |
| 14. Provided any further assistance needed by the patient before the meal. | | | | |
| **Fed Patient** | | | | |
| 15. Positioned self in good body alignment at the patient's level. | | | | |

**Student must rate Satisfactory on all items.*

| | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| 16. Tested hot food on inside of own wrist and cooled food, if necessary. | | | | |
| 17. Gave patient moderate bites of food, asking what order of foods the patient prefers. | | | | |
| 18. Handled patient's straw at midpoint and helped patient use napkin appropriately. | | | | |
| 19. Alternated liquids and solids as patient requested (1:3 or 1:4). | | | | |
| 20. Fed patient slowly, giving him/her enough time to prevent his/her choking. | | | | |
| 21. Encouraged patient to consume sufficient quantity of solids and liquids. | | | | |
| 22. Engaged patient in pleasant conversation. | | | | |

Removed Tray

| | | | | |
|---|---|---|---|---|
| 23. Observed what patient ate and drank. | | | | |
| 24. Removed napkin, overbed table, and food tray. | | | | |
| 25. Made provisions for patient's urination and/or bowel movement. | | | | X |
| 26. Washed or helped patient wash his/her hands, face, and mouth. | | | | X |
| 27. Left patient in good body alignment, with the bed positioned appropriately. | | | | |
| 28. Left call signal in patient's reach and bed rails up, if necessary. | | | | |
| 29. Reported and/or recorded observations, using correct pronunciation and correct spelling. | | | | |

## PERFORMANCE CHECKLIST

SKILL: MEASURE AND RECORD INTAKE AND OUTPUT

| | Satisfactory | Unsatisfactory | Not Observed | Not Applicable |
|---|---|---|---|---|
| **Measured and Recorded Intake and Output** | | | | |
| 1. Determined if patient is on I & O. | | | | |
| 2. Provided for proper equipment (graduate, I & O record, conversion table, pencil). | | | | |
| 3. Instructed patient to record own intake; provided pencil and record. | | | | |
| 4. Instructed patient to record own output; provided pencil and record. | | | | X |
| 5. Explained procedure to patient, using correct pronunciation of terms. | | | | |
| 6. Posted I & O sign at patient's bedside. | | | | |
| 7. Measured and calculated water pitcher contents correctly; calculated patient's $H_2O$ intake accurately. | | | | |
| 8. Measured other intake accurately; used list of measurements (if available). | | | | |
| 9. Measured output accurately. | | | | X |
| 10. Converted measurements to ml or cc. | | | | |
| 11. Recorded intake (meals, snacks) in correct sequence on I & O record. | | | | |
| 12. Recorded output in correct sequence on I & O record. | | | | X |
| 13. Made appropriate comments regarding patient's perspiration/incontinence. | | | | X |
| 14. Calculated and entered correct totals for designated period. | | | | |
| 15. Recorded totals on patient's chart. | | | | |

*Student must rate Satisfactory on all items.

## PERSONAL FOOD AND LIQUID INTAKE RECORD

| (Column I) FOODS OR LIQUIDS | (Column II) DIETS | | | | |
|---|---|---|---|---|---|
| | Regular | Soft | Full Liquid | Clear Liquid | None |
| Breakfast | | | | | |
| A.M. break | | | | | |
| Lunch | | | | | |
| P.M. break | | | | | |
| Dinner | | | | | |
| Evening snacks | | | | | |

## LEARNING ACTIVITIES ANSWER SHEET

*L. A. 10*

**Your list may have included any of the following:**

*Environmental factors*—**Hurried, rushed appearance of personnel; attitudes of personnel; untidy or dirty rooms or utensils; unpleasant roommate; food not served attractively (eye appeal); new foods; snacks; cluttered conditions; improper eating utensils; too much company; temperature too hot or cold; unpleasant odors or objects (as urinal, bedpans, emesis basins); and boredom (no radio, company, magazines, news, etc.).**

*Physical factors*—**Pain; disabilities (broken arm, blindness); full bladder; vomiting; nausea; inactivity; fever; poor body alignment; foul-tasting or dry mouth; loose dentures or missing teeth; headache; constipation; anxiety; worry; crying; and depression.**

*L. A. 11*

*Headache:* **Determine cause if possible. Report, in case patient may be able to have medication. Might delay serving tray until more comfortable or might help patient to feed himself / herself. Backrub may be advisable to relax patient.**

*Right arm in cast:* **Position patient comfortably and assist with tray or feeding, if necessary. Place all foods within easy reach. Remove food covers, butter bread, cut meat, prepare beverage, place napkin, and offer assurance.**

*Blindness:* **Place utensils in conventional positions. Tell patient what foods are being served and where on plate and tray. Assist patient or feed patient if necessary, treating patient with respect.**

*Hot, very bright room:* **Pull drapes to decrease sunlight. Turn air conditioner up. Adjust temperature. Improve ventilation, if possible.**

*Boredom:* **Suggest TV. Drop by during mealtime for a short conversation with patient. Make arrangements for relatives or friends to visit at mealtime. Some patients enjoy reading during mealtime.**

*L. A. 20*

**The diet manual is an invaluable resource to the nurse. It may contain a lot of helpful information, such as daily food guides, nutrient information (sources and functions), menu planning and diet counseling guidelines, dietary department policies, height and weight tables, etc.**

**However, it is most valuable as a quick resource to clarify or confirm therapeutic diets. All diet manuals list the names of diets, and foods excluded. Some manuals even note the diseases or conditions for which each therapeutic diet is used.**

*L. A. 26*

**All entries should have an *X* except applesauce, watermelon, oatmeal, puffed rice, and orange. Although the body receives fluids from solid foods with a high fluid content, these are not recorded as oral fluid intake.**

*L. A. 28*

| HOSPITAL CONTAINER CAPACITY TABLE | | |
|---|---|---|
| **Container** | **Household Measurement** | **Metric Measurement** |
| Soup bowl | 4 2/3 oz. | 140 cc |
| Large paper cup | 6 oz. | 180 cc |
| Coffee cup | 5 oz. | 150 cc |
| Medicine glass | 1 oz. | 30 cc |
| Coffee creamer container | 1 oz. | 30 cc |
| Small juice cup | 3 1/3 oz. | 100 cc |
| Ice cream carton | 3 oz. | 90 cc |
| Sherbet container | 4 oz. | 120 cc |
| Coca Cola bottle | 8 oz. | 240 cc |
| Jello container | 2 1/2 oz. | 75 cc |
| Water pitcher | 25 oz. | 750 cc |
| Teapot | 9 oz. | 270 cc |
| Milk carton | 8 oz. | 240 cc |
| Ginger ale can | 8 oz. | 240 cc |
| Tablespoon | 1/2 oz. | 15 cc |
| Teaspoon | 1/6 oz. | 5 cc |

*L. A. 29*

a. $140\text{ cc} - \left(2\text{ oz.} \times \frac{30\text{ cc}}{\text{oz.}}\right) = 80\text{ cc}$

b. $2\text{ TBSP.} \times \frac{15\text{ cc}}{\text{TBSP.}} = 30\text{ cc}$

c. $9\text{ oz.} \times \frac{30\text{ cc}}{\text{oz.}} = 270\text{ cc}$

d. $150\text{ cc coffee} = \left(2\text{ creamers} \times \frac{30\text{ cc}}{\text{creamer}}\right) = 210\text{ cc}$

e. $8\text{ oz.} \times \left(\frac{30\text{ cc}}{\text{oz.}} - \frac{1}{2}\left(4\text{ oz.} \times \frac{30\text{ cc}}{\text{oz.}}\right)\right) = 120\text{ cc}$

f. $750\text{ cc} - 180\text{ cc} = 570\text{ cc}$

g. $\left(3\text{ oz. ice cream} \times \frac{30\text{ cc}}{\text{oz.}}\right) + \left(8\text{ oz. Coke} \times \frac{30\text{ cc}}{\text{oz.}}\right) = 330\text{ cc}$

h. $80\text{ cc} + 30\text{ cc} + 270\text{ cc} + 210\text{ cc} + 120\text{ cc} + 570\text{ cc} + 330\text{ cc} = 1610\text{ cc}$

*L. A. 30*

| SITUATION A | | SITUATION B | | SITUATION C | |
|---|---|---|---|---|---|
| orange juice | 100 cc | strained cereal | 70 cc | broth | 20 cc |
| milk | 120 cc | $H_2O$ | 135 cc | Jello | 75 cc |
| coffee | 150 cc | apple juice | 100 cc | $H_2O$ | 90 cc |
| pea soup | 70 cc | milk | 240 cc | apple juice | 100 cc |
| pot of tea | 270 cc | coffee | 150 cc | tea | 225 cc |
| creamer | 60 cc | sherbet | 120 cc | ice chips | 120 cc |
| $H_2O$ | 570 cc | $H_2O$ | 180 cc | Total | 630 cc |
| Total | 1340 cc | broth | 140 cc | | |
| | | cranberry juice | 100 cc | | |
| | | Jello | 75 cc | | |
| | | ½ milk | 120 cc | | |
| | | tea | 75 cc | | |
| | | creamer | 30 cc | | |
| | | ice cream | 60 cc | | |
| | | $H_2O$ | 335 cc | | |
| | | Total | 1930 cc | | |

*L. A. 32*

You should have underlined:

low fat diet (kind of diet)
noon (hour diet was served)
Ate everything (how well she ate; patient's appetite)
Unhappy about grape jelly for bread (dislikes)
Unhappy about no butter on vegetables (food preference)
Eating potato chips not served on tray (not allowed on diet)

*L. A. 33*

| OBSERVATIONS | EXPLANATION |
|---|---|
| 7:45 A.M. regular diet refused | Kind of diet |
| | Hour of tray |
| | Attitude toward diet |
| Complained of nausea due to food | Dislikes |
| being served so early in A.M. | Reason for refusal of meal (nausea) |
| 10 A.M. tea 180 cc and toast (2) | Nourishment |
| Enjoyed | Attitude |
| | Time served |
| | Oral intake |
| | Appetite |

**HAVE YOU COMPLETED ALL THE LEARNING ACTIVITIES IN THIS OPTION?** Do you feel that you are ready to take the Posttest? If so, take the test as you would any other exam. Read questions carefully, and answer all items you are able to. Don't guess. When you have completed it, check your answers against the Posttest Answer Sheet.

## POSTTEST

DIRECTIONS:
Read each question carefully. You will need a diet manual to answer Item 11. After completing the entire Posttest, check your answers against those on the Posttest Answer Sheet.

*(Obj. 1)*

1. Define the terms that are underlined in the following sentences:
   House diets in hospitals most often include the regular, soft, full liquid, and clear liquid diets. Some nourishments can be included as oral fluid intake.

*(Obj. 1)*

2. The statement below contains some common abbreviations. In the proper spaces following the statement, write the meaning of the underlined abbreviations.

   The amt. (a) of liq. (b) should be recorded in cc (c) (ml) (d) and not in ½ (e), tsp. (f), TBSP. (g), or lbs. (h)
   The doctor also changed the order from fl. (i) ad lib (j) to FF (k) this A.M. (l)

| | | | |
|---|---|---|---|
| a. | b. | c. | d. |
| e. | f. | g. | h. |
| i. | j. | k. | l. |

*(Obj. 2)*

3. Compare the roles of the following three types of health workers in meeting a patient's nutritional needs by describing the responsibilities of each.

a. Practical nurse:

b. Physician:

c. Dietary department personnel:

*(Obj. 3)*

4. Cross out the physical factors affecting appetite that you find in the following list:
Hurried and rushed appearance of personnel, painful arm, nausea, loose teeth, cold room, urinal on overbed table, headache

*(Obj. 3)*

5. Given five environmental factors that influence a patient's appetite, describe the applicable nursing action(s).

a. Critical roommate:

b. Boredom:

c. Warm, dark, and stuffy room:

d. Unpleasant odors and objects:

e. Unattractive tray with cold food:

*(Obj. 4)*

6. List three nursing actions that should be used to prevent burns when serving food to the patient.

a.

b.

c.

*(Obj. 4)*

7. List three reasons for feeding an adult patient.

a.

b.

c.

*(Obj. 4)*

8. What three ways can you position a patient to help him/her sit up for meals?

a.

b.

c.

*(Obj. 5)*

9. Which of the four common diets could the following foods be served on? Place an *X* in the proper diet blocks. The first food is checked for you.

| FOOD | DIETS | | | |
|---|---|---|---|---|
| | Regular | Soft | Full Liquid | Clear Liquid |
| Milk | X | X | X | |
| Corn on the cob | | | | |
| Coffee with cream | | | | |
| Fresh orange juice | | | | |

| FOOD | DIETS | | | |
|---|---|---|---|---|
| | Regular | Soft | Full Liquid | Clear Liquid |
| Chopped beef | | | | |
| Tea with lemon | | | | |
| Mashed potatoes | | | | |
| Consommé | | | | |
| Jello | | | | |
| Ice cream | | | | |
| Ginger ale | | | | |

*(Obj. 6)*

10. The practical nurse has responsibilities to the patient when his/her normal diet must be modified. List these responsibilities below. The nurse should:

a. _____

b. _____

c. _____

d. _____

e. _____

*(Obj. 7)*

11. **SITUATION**: Nancy's physician has placed her on a low residue diet today. She requested brown rice, roast chicken with gravy, peas, and a cucumber salad for her meal this evening. She received strained peas, boiled chicken, and white rice. She received milk yesterday while on a regular diet, but it has been omitted from this tray. She asks you for an explanation. Using a diet manual as your resource, answer the following questions:

a. How would you explain these changes to Nancy?

b. What can she substitute for the milk?

c. You noticed her cucumber salad is also missing. Explain this change to Nancy.

*(Obj. 8)*

12. Circle the **T** if the following statements are completely true, and **F** if false or incomplete.

**T F** a. A well person gets his/her fluid supply from metabolism of food—the fluids s(he) drinks and the foods s(he) eats.

**T F** b. Oral fluid intake includes all foods that turn to liquid at body temperature.

**T F** c. Chocolate ice cream would not be counted as oral fluid intake.

**T F** d. Ice chips and water are both included in oral fluid intake.

*(Obj. 9)*

13. Convert the following amounts to metric measurement and total the patient's liquid intake. Show your calculations in the space provided and enter the total here. _____

**SITUATION:**

2 oz. of juice left of 4 oz. served
5 oz. of coffee taken
1 TBSP. of cream left of 1 oz. served

*Calculation Space*

*(Obj. 9)*

14. Given the following food intake situation:
    a. List all food items you would record on the I & O record.
    b. Calculate the amount, converting to metric measurement as necessary.
    c. Enter the total amount recorded. Do your calculations in the space provided.

**SITUATION**: Joan received a regular diet consisting of the following foods: 2 eggs with 3 slices of bacon, a 9-oz. pot of coffee, two 1-oz. creamers, 120 cc of orange juice, oatmeal, and an 8-oz. carton of milk. When you removed the tray, you observed that half the milk had been left. After measuring the remainder of the juice, you found there was 1 oz. left. Joan stated she also had a full 8-oz. glass of $H_2O$.

| ITEMS | CALCULATIONS | AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL INTAKE _____

*(Obj. 10)*

15. Read the following situation, then in the left-hand column list observations that you would make. List in the right-hand column what you would report or record for each observation.

**SITUATION**: Charles enjoyed his meal (except for the fish), although he complains about the small amount of salad, saying he especially liked big green salads. His doctor has had him on I & O for five days, and he records his own, when he remembers it (nothing on his slip since 8 A.M.). There are spills on his tray, which he explains happened when he spilled the coffee due to his sore right arm.

| OBSERVATIONS | REPORT/RECORD |
|---|---|
| | |



Use the following answer sheet to check your answers to the Posttest.

## POSTTEST ANSWER SHEET

1. *Regular diet:* Provides adequate nutrition, usually 2000 to 2500 calories. Usually does not include foods causing digestive disturbances (for example, fried foods or highly seasoned foods).

   *Soft diet:* Provides adequate nutrition, about 1800 to 2000 calories. Is low in cellulose (foods with little or no fiber). May include chopped and strained foods. Is mechanically easy to eat and digest.

   *Full liquid diet:* Is adequate for maintenance only, about 1300 to 1500 calories. It is usually used for a limited time only. Is composed of foods that become liquids at room or body temperature and are usually in liquid or semiliquid form. Is often used postoperatively, for infections, dysphagia, acute digestive conditions, etc.

   *Clear liquid diet:* Also known as surgical liquid diet. Is mostly water, sugar, and flavors. Since it has minimum residue, not an adequate diet. Used to relieve thirst and prevent dehydration and start peristalsis in postoperative patients. Contains clear liquids only—no milk.

   *Nourishments:* Extra foods, usually liquids, given between meals to supplement the diet.

   *Oral fluid intake:* All foods that turn to liquid at room or body temperature.

2. a. amount
   b. liquid
   c. cubic centimeters
   d. milliliters
   e. ounce
   f. teaspoon
   g. tablespoon
   h. pounds
   i. fluids
   j. freely, as desired
   k. force fluids
   l. morning

3. a. Practical nurse: Receives dietary order from physician, observes patient's dietary behavior, serves trays, feeds or assists with eating, sometimes removes trays, reports and records observations, teaches patients, and gives explanations as necessary.
   b. Physician: Assesses patient's nutritional status, prescribes diet.
   c. Dietary department personnel: Carry out dietary prescriptions by planning appropriate menu, preparing and sometimes serving the diet, and removing trays.

4. Cross out painful arm, nausea, loose teeth, and headache.

5. a. Screen patient for privacy. Check possibility of a transfer to another room.
   b. Suggest TV. Make arrangements for family or friends to visit at mealtime. Try to drop by for a short conversation at patient's mealtime. Suggest and help secure reading materials for patient.
   c. Open blinds; adjust temperature; spray room; and improve ventilation, if possible.
   d. Remove cause if possible. Use room deodorizer. Clear away unsightly and unpleasant objects.
   e. Warm or replace food. Make corrections in arrangement of items on the tray before serving it. Consult dietary personnel about food's appearance, if you can't improve it.

6. Test temperature of fluids on inside of wrist (don't blow on food); pour out hot liquids so they can cool slightly, if necessary; warn patient of hot dishes and liquids; and add ice to liquids to cool them rapidly.

7. Disabilities like broken arms, sightlessness (from blind or bandaged eyes), weakness, confusion.

8. Raise head of bed up; help patient to sit on side of bed; help patient to sit in chair.

9. Ice cream, coffee with cream, and orange juice are on all but clear liquid diet.
   Corn on the cob is only on regular diet.
   Chopped beef and mashed potatoes are on regular and soft diets.
   Tea with lemon, ginger ale, Jello, and consommé are on all diets.

10. a. Know what the diet prescription consists of.

b. Understand what the diet is to accomplish.
c. Be aware of the patient's reaction to a diet.
d. Be aware of the patient's home situation and problems the diet may cause there.
e. Understand what happens to the body as a result of the condition it is treated for.

11. a. Nancy is now on a low residue diet. On this diet the foods should be bland, easily digested, and nonirritating to the digestive tract. The diet restricts her intake of milk, fruits, and vegetables.
b. Carbonated beverages, tea, coffee, bouillon, or broth.
c. Vegetables with tough skins, fibers, and seeds are foods excluded from a low residue diet.

12. a. True
b. True
c. False
d. True

13. Juice 4 oz. − 2 oz. = 2 oz. × $\frac{30\text{ cc}}{\text{oz.}}$ = ..... 60 cc

Coffee 5 oz. × $\frac{30\text{ cc}}{\text{oz.}}$ = ..... 150 cc

Cream $\left(1\text{ oz.} \times \frac{30\text{ cc}}{\text{oz.}}\right) - \left(1\text{ TBSP.} \times \frac{15\text{ cc}}{\text{TBSP.}}\right)$ = ..... 15 cc

TOTAL 225 cc

14. Coffee 9 oz. × $\frac{30\text{ cc}}{\text{oz.}}$ = ..... 270 cc

Creamers 2 oz. × $\frac{30\text{ cc}}{\text{oz.}}$ = ..... 60 cc

Orange juice 120 cc − $\left(1\text{ oz.} \times \frac{30\text{ cc}}{\text{oz.}}\right)$ = ..... 90 cc

Milk $\left(8\text{ oz.} \times \frac{30\text{ cc}}{\text{oz.}}\right)$ − 120cc = ..... 120cc

Water 8 oz. × $\frac{30\text{ cc}}{\text{oz.}}$ = ..... 240 cc

TOTAL 780 cc

15.

| OBSERVATIONS | REPORT/RECORD |
|---|---|
| Didn't enjoy fish; complained about small salad | Dislikes fish, likes large green salads |
| Nothing on I & O record since 8 A.M. | Patient forgetful in recording I & O |
| Spills on tray; sore right arm | Sore arm interferes with self-feeding<br>Recorded intake with patient's help |

**HOW DID YOU DO?** You must be concerned with those items that you were unable to answer correctly.

Since each item refers to a specific Objective, you should review the appropriate Objective and its Learning Activities.

When necessary, see your instructor for guidance in meeting all Objectives. Continue to work until you are able to respond to all test items correctly.

## MASTERY EVALUATION

**ARE YOU READY? SEE YOUR INSTRUCTOR FOR THE MASTERY EVALUATIONS.**

**REMEMBER! MASTERY EVALUATIONS INCLUDE A WRITTEN FINAL EXAM AND SKILL EVALUATIONS. YOU MUST ATTAIN A MINIMUM OF 75 PERCENT ACCURACY ON THE WRITTEN FINAL EXAM AND RATE SATISFACTORY ON ALL ITEMS ON EACH PERFORMANCE CHECKLIST IN ORDER TO SUCCESSFULLY COMPLETE THIS UNIT.**